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# ***JPRS Report—***

## **Epidemiology**

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# Epidemiology

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## CAMEROON

### Typhoid Epidemic Disputed in Buea, Tiko 91WE0234A Yaounde CAMEROON TRIBUNE in English 15 Jan 91 p 5

[Article by Akuro Martin Akwa, Buea: "Doctors Dispel Rumours Over Typhoid Fever Epidemic—Isolated Cases Noted in Tiko"—first paragraph is CAMEROON TRIBUNE introduction]

[Text] The Buea population has been told to stop spreading wild rumours of typhoid fever epidemic in the area. There should be no panicking there is no typhoid fever epidemic in Buea, according to medical sources.

Dr. Ndifon Ndong, the medical officer in charge of the Buea general hospital, in an exclusive interview to CAMEROON TRIBUNE's Martin Akuro Akwa last January 11 in an effort to clear the atmosphere of rumours, emphasising that there was no typhoid fever epidemic in his jurisdiction.

"There is no typhoid fever as many people claim even though some apparent laboratory examinations have indicated positive results, it still needs confirmatory tests, Dr. Ndong said.

Typhoid fever is deadly, Dr. Ndong said, commenting that since they have been treating alleged typhoid patients for over a year, there has been no death.

Typhoid fever rumours came with typhoid tests, he said. Eighty percent of all the patients of the said typhoid get well after receiving malaria treatment, Dr. Ndong said.

#### Typhoid Exists

The source of contamination which is either through water or food is yet to be traced since water from the Cameroon National Water Corporation (SNEC), is pure, he said.

Unlike Buea, the medical officer in charge of the Tiko general hospital, Dr. W. T. Lyonga has disclosed that there are a daily average of three typhoid patients in Tiko area. This, however, neither means it is an epidemic nor is it current since the test effected only detects exposure, Dr. Lyonga disclosed. He further said that there have been no recorded deaths emanating from typhoid fever.

Tiko sub-division has three main water sources SNEC, the C.D.C. and the Tiko Rural Council—so water must be boiled if not treated, Dr. Lyonga advised.

Dr. Lyonga said people, who handle food for public consumption must pass medical examinations if the spread of typhoid and other communicable diseases is to be avoided.

Typhoid fever differs from malaria since it is often prolonged and accompanied by severe headache, loss of

appetite and vomiting whereas malaria occurring intermittently, is treated at home with a nivaquine dose.

## GHANA

### Cholera Outbreak Claims Five Lives

AB1803144091 Accra Domestic Service in English  
0600 GMT 17 Mar 91

[Text] Cholera outbreak in five towns in the Asuogyaman District has claimed five lives. The towns are Nsikuma, Legu-Lapo, New Dodi, Nkwakubio, and South Senchi. Dr. W.K. Addy, district medical officer in charge of the Asuogyaman-Krobo District, announced this when he addressed the district assembly at Assin-Poku. He said a team of medical personnel he led had visited the towns and attributed the outbreak to contaminated water and poor sanitation. He appealed to the assembly to educate the people on the need to maintain good personal hygiene. Dr. Addy advised them to ensure that only health personnel carry out burial of people who die of cholera.

## KENYA

### Reportage on Killer Disease Meningitis

#### Claims 29 Victims

91WE0222A Nairobi KENYA TIMES in English  
12 Jan 91 p 5

[Article by Njoroge Mwicigi and KNA [Kenya News Agency]]

[Text] The killer disease meningitis has struck Cheptais Location, Bungoma District, and according to Bungoma District Commissioner, Mr. William Changole, the disease has already claimed 29 lives.

Speaking to KNA at the district boardroom yesterday, Mr. Changole said a team of medical personnel had been dispatched to the affected area to carry out a vaccination exercise.

Saying the situation was under control, the DC told wananchi not to panic for there were sufficient vaccines and advised them to report without delay any suspected cases to the nearest health centre.

Meningitis, whose symptoms include headaches, irritable fever and stiff neck, is easily cured or treated by sulphur drugs. According to experts, vomiting is also a symptom for the killer disease which has mainly struck the city's sprawling estates as well as several areas of Nyanza Province.

Experts say the public ought to be informed that the bacteria causing meningitis damages membranes surrounding the brain, and tends to spread among those staying in small, congested houses with little or no ventilation.

They say chances of getting the disease from crowded buses, with doors and windows open are practically non-existent and one has to be in a sealed bus with an infected person breathing and sneezing in his direction for many hours to catch it.

The first cases of meningitis were reported in October 1988 at a Kirinyaga village and quickly spread to other areas so that by March 1989, the epidemic had spread to many other areas of the district and adjacent districts of Nyeri, Embu and Meru.

It struck Njiru Village, Nairobi, by June 1989 and later spread to Mathare, Madaraka, Starehe, Embakassi, Kamukunji, Dagoretti and Langata, all being over-crowded estates.

Among the worst-hit areas have been Kisii, where the disease led to the closure of Cardinal Otunga High School after the epidemic killed a Form Two student in October, last year.

Another 24 students of the school reportedly took their Kenya Secondary Certificate of Education (KSCE) on their beds at Kisii District Hospital, where they had been admitted after being struck by the disease.

The district also reported five deaths within 24 hours and the total death toll in three weeks was said to have soared to 17.

In South Nyanza, the local District Commissioner, Cyrus Gituai, confirmed the death of 46 people after the outbreak of meningitis by the end of October, last year leading to the dispatch of about 6,000 doses of anti-meningitis vaccines to combat the outbreak.

### **Deaths Reach 166 in Kericho District**

*91WE0229B Nairobi DAILY NATION in English  
17 Jan 91 p 32*

[Text] A total of 166 people have died of the killer meningitis disease in Kericho District during the last three months, the director of Medical Services, Prof. Joseph Oliech, said yesterday.

He said that 1,190 cases of the disease had been treated in various hospitals in the district during that time.

The most affected areas were Buret, Konoin, Bomet and Chapalungu divisions, he said.

Prof. Oliech was addressing wananchi during a meeting convened by the local leaders at Litein Trading Centre in Buret Division to educate them on the preventive measures of the disease. He said that the Government was doing everything possible to arrest the situation.

As of yesterday, 30,000 doses of meningitis vaccine had been dispatched to Kericho to be administered to primary school pupils and children aged 1-15 years.

He said arrangements were underway for more doses to be dispatched to Kericho so that secondary school students in the affected areas could also be vaccinated.

He warned wananchi in the area against rushing to traditional herbalists for treatment and said they could only be treated in Government hospitals where drugs were available.

Prof. Oliech also took a swipe at some people, who he said, had been going around Konoin Division saying that they had vaccine against meningitis.

"Under the Ministry of Health policies on vaccination and the administering of any other drugs, nobody is allowed to treat people unless they have approval from me," he said.

He was accompanied by the Minister for Public Works, Mr. Timothy Mibei, the Kericho acting DC, Mr. Joseph Imbwaga, the deputy DMS, Dr. Frank Mweke, Chief Public Health Officer, Mr. Ali Kidiku, Chief Clinical Officer, Mr. J.K. Kisanga, the Rift Valley Provincial Medical Officer, Dr. Laban Kiptui, and the local MOH, Dr. John Mbogo.

Mr. Mibei thanked the Government for the efforts it had made in combating the situation following the outbreak of the disease in the area.

He vowed to team up with the medical personnel and the provincial administration during the intensified health education campaign going on to enlighten wananchi on preventive measures.

He appealed to wananchi to take those who complained of the symptoms to hospital.

### **Outbreak Kills 33**

*91WE0229C Nairobi DAILY NATION in English  
18 Jan 91 p 32*

[Text] The meningitis outbreak in parts of Uasin Gishu District has so far killed 33 people.

The Uasin Gishu District Medical Officer of Health, Dr. Amos Mwalugongo, said 17 people died while being treated while 18 died at home.

He said 87 people were being treated and 20 had been treated and discharged.

Addressing a baraza at Barsombe in Sirikwa Location in Moiben Division, Dr. Mwalugongo appealed to the residents to ensure that the sick were taken to hospital immediately.

The DC, Mr. Ishmael Chelang'a, sent a condolence message to the bereaved families. Similar messages were sent by an Assistant Minister for Livestock Development, Mr. Reuben Chesire.

## MAURITIUS

### Twelve Malaria Cases Since January

91WE0242A Port Louis LE MAURICIEN in French  
21 Feb 91 p 4

[Article by Vijay Shankar: "12 Cases of Malaria Since January"]

[Text] Since the beginning of the year, 12 cases of malaria have been recorded in Mauritius. At least seven of the 12 cases were contracted abroad in some 10 possible countries including India, Zaire, Cameroon, and Malaysia.

According to figures provided by the ministry of health, at the same time these cases were reported, the Plaines-Wilhems region recorded three cases. Two "imported" cases were reported in the areas of Flacq and Riviere-du-Rempart.

Preventive measures were immediately enacted by the authorities concerned in an effort to monitor the 12 malaria victims and to watch closely for any spreading of this contagious disease.

A health ministry official told us that spraying with DDT will soon begin, targeting mosquito breeding sites such as gutters, drainage ditches, and any other sources of stagnant water including the roofs of houses and discarded cans.

We remind readers that malaria is a parasitic disease that is transmitted from an infected individual to a healthy individual by the female mosquito of the genus Anopheles, which acts as a vector. The parasite's presence in a given area is dependent upon the vector's presence. These mosquitoes inflict their bites at night; at other times they can be found resting on the walls of houses. DDT is used to exterminate them.

## MOZAMBIQUE

### Cabo Delgado Has 600 Confirmed Diarrhea Cases

MB2202190691 Maputo Domestic Service in Portuguese  
1730 GMT 22 Feb 91

[Excerpt] The numbers of diarrhea cases are increasing in Cabo Delgado Province because of a lack of hygiene and health care.

Pemba city and Balama and Anquabe Districts reported more than 600 diarrhea cases during the first 45 days of this year. Balama and Anquabe recorded 76 cases each. Pemba city shattered the record with close to 500 diarrhea cases and their number is increasing daily. [Passage omitted]

### Gaza Hospitals Treat 1,500 Tuberculosis Patients in 1990

MB1003074891 Maputo Domestic Service in Portuguese  
0600 GMT 10 Mar 91

[Text] A total of 1,500 tuberculosis patients were treated in various health posts in Gaza Province last year.

Official health sources say that the districts of Xai-Xai, Chokwe, Manjacaze, and Bilene have reported the highest number of tuberculosis patients.

### Eight Cases of Cholera in Cabo Delgado Province

MB2202122891 Maputo Domestic Service in Portuguese  
1030 GMT 22 Feb 91

[Text] Eight of the 49 suspected cases of cholera in Pemba, the capital of Cabo Delgado Province, have already been confirmed. A cholera outbreak has hit Pemba city since January this year but there are no reports of deaths so far. This was revealed during a meeting of a provincial unit established to prevent and fight cholera in Cabo Delgado.

### Cholera Cases in Maputo Wards, Catembe

MB2302130891 Maputo Domestic Service in Portuguese  
1030 GMT 23 Feb 91

[Text] NOTICIAS newspaper quotes hospital sources as saying that 42 cholera cases have been diagnosed at the Maputo Central Hospital since mid-January. The report says no deaths have been reported. There had been almost no cholera cases in Maputo city before that date.

The reappearance of cholera cases was restricted to the Chamanculo C, Louis Cabral, Trevo, and Liberdade wards, and the Catembe area. The situation has been attributed to poor water supplies and deficient sewage system.

### Cholera Kills 'At Least' 22 People in Tete Since Nov

MB2802132891 Maputo in English to Southern Africa  
1800 GMT 27 Feb 91

[Text] At least 22 people have died of cholera since November in Mozambique's northwestern Tete Province. Provincial health authorities quoted by the DIARIO DE MOZAMBIQUE newspaper said that nearly 900 cases have been diagnosed since the latest epidemic began. Health officials in Tete consider the epidemic is now under control although up to nine suspected cholera cases have been treated daily in the provincial hospital in the past few days.

The provincial administration has allocated the equivalent of \$80,000 to combat the epidemic.

**Authorities Urge Observance of Hygiene To Avoid Cholera**

*MB0103164491 Maputo Domestic Service in Portuguese  
1400 GMT 1 Mar 91*

[Text] Health authorities in Tete Province have called on residents to strictly observe basic hygiene measures to prevent the spread of cholera in the province. A total of 21 people died of cholera in Tete Province this year.

**Cholera Kills 48 People in Mocuba, Zambezia Province**

*MB0403111291 Maputo Domestic Service in Portuguese  
1030 GMT 4 Mar 91*

[Text] Cholera has killed 48 people in Zambezia Province's Mocuba district since the epidemic broke out in that area three months ago.

Health authorities report that cholera has affected 2,400 people in Mocuba district.

**Beira Reports 3 Cholera Deaths**

*MB1203200591 Maputo Domestic Service in Portuguese  
1730 GMT 11 Mar 91*

[Excerpt] Through its Community Health Department [RSC], the Beira City Health Directorate has already outlined a strategy for an intensive program to fight and control the cholera epidemic that broke out in Beira some 10 days ago, killing three adults so far.

The RSC reports that Beira Central Hospital's laboratory has already detected another four confirmed and 75 suspected cholera cases. The RSC also reports that nine people suffering from that disease were admitted at Beira Central Hospital's emergency unit yesterday. They joined more than 10 other cholera patients who had previously been admitted at the hospital. [passage omitted]

**Two Cholera Deaths, 45 Infected in Maputo City**

*MB1603073591 Maputo Domestic Service in Portuguese  
0800 GMT 14 Mar 91*

[Text] The NOTICIAS newspaper reports that cholera killed two people in Maputo city between January and the beginning of this month, and added that 85 cholera cases were positively identified during that period. A source in Maputo Central Hospital's cholera epidemiology department has said that 102 people are suspected of having been infected by the disease so far.

The NOTICIAS newspaper also reports that Maputo Central Hospital diagnosed 45 cholera cases between January and the beginning of March.

**Cholera Cases Rise to 35 in Beira City**

*MB2003164291 Maputo Domestic Service in Portuguese  
1030 GMT 20 Mar 91*

[Text] The cholera outbreak reported in Beira city over the last two weeks has stabilized, with the number of people killed standing at five. However, the number of confirmed cases at Beira Central Hospital has risen to 35. Our correspondent in Beira says that two cholera cases were reported in Dondo city also in Sofala Province.

**Rinderpest Hamper Meat Distribution in Maputo**

*91P40181A Maputo NOTICIAS in Portuguese  
22 Feb 91 p 2*

[Excerpts] Nodular dermatosis, a type of rinderpest, was detected nearly a month ago in Maputo, and is the reason for halting the slaughter of cattle in the Maputo slaughterhouse. This information was confirmed yesterday by Dr. Anilario Muhata, chief of the Livestock Provincial Services.

According to Anilario Muhata, it is suspected that the disease was introduced from Gaza Province since the first signs were detected in that part of the country. Our source says that the first incidence in Maputo was detected between Marracuene and Chiango. [passage omitted] According to the official, the transfer of cattle from one region to another was restricted because of fear of contagion in nonaffected areas. Another measure taken following the disease's appearance was the isolation of infected cattle. [passage omitted] He admitted that there are nonaffected areas, namely the districts of Boane and Namaacha, and confirmed that the restriction includes the Maputo slaughterhouse, which has currently been shut down. [passage omitted]

**NIGERIA****Meningitis Hits 10 Villages in Borno State; Claims 15 Lives**

*AB2702185091 Lagos Domestic Service in English  
0600 GMT 26 Feb 91*

[Text] An outbreak of cerebrospinal meningitis has been reported in Shani Local Government Area of Borno State. The chief medical officer in the area, Alhaji Adamu Zufada, told officials of the state government who visited the affected areas that the outbreak had claimed 15 lives. He said 47 cases had been treated, while others were still receiving treatment at the Shani Health Center. Alhaji Adamu stated that additional health personnel had been drafted to the affected 10 villages to contain the spread of the disease.

**Unknown Disease Kills 100, Meningitis Kills 10**

*AB0403093091 Kaduna Domestic Service in English  
1700 GMT 2 Mar 91*

[Text] About 100 people are reported dead as a result of the outbreak of an unknown disease in [word indistinct] local government area of Sokoto State. Ten people were also reported dead in Yabo health center as a result of meningitis, whereas two others were receiving treatment in isolated camps. The revelations followed investigations by correspondents in Sokoto State following a visit to the camps in Semena. Most of the people who have died were between the ages of two and eight with a little number of adults. Already, (168 ?) reported cases were now at the isolated camps and [word indistinct] medical personnel had arrived in Semena to combat the epidemic. Some people attribute the cause of the epidemic to malnutrition, while [words indistinct] to malaria. Some people in the area attributed the high number of deaths to negligence of [words indistinct] state government for not responding to reports on the disease on such occasions.

**Meningitis Outbreak in Borno State**

*AB1203115891 Paris AFP in English 0255 GMT  
12 Mar 91*

[Text] Lagos, March 11 (AFP)—About 1,000 people died last year in Borno State, northern Nigeria, following the outbreak of cerebro-spinal meningitis in the state, the official NEWS AGENCY OF NIGERIA (NAN) reported Monday. The epidemic has killed 20 persons in the state this year, Lieutenant Colonel Mohammed Marwa, the state's military governor, said at Maiduguri, capital of the state. The state government embarked on mass vaccination of citizens in the state in order to reduce the death rate, he said. Borno State has a common border wth Cameroon, Chad and Niger.

**SENEGAL**

**Health Minister: Leprosy Down to 8,021 Cases**

*91WE0235A Dakar LE SOLEIL in French  
10 Jan 91 p 8*

[Article by F. Diaw: "The Shoals of Reintegration"]

[Text] Leprosy is a horrible incapacitating disease that still lingers in the collective memory of humanity. It has caused and continues to cause many ravages. Chemotherapy has progressed and has become highly effective. Today, the two main problems that persist are the difficulties of social reintegration and early detection.

Yesterday, sessions devoted to the disease were held in Dakar in the African Center for Advanced Management Studies (CESAG), as part of the Dakar Regional Anti-Leprosy Day. They were opened by the minister of public health and social action, Mr. Assane Diop. Mr. Diop expressed his pleasure with the actions taken by

ILAD (Dakar Applied Leprosy Institute), ASAL (Sene-galese Association for Social Action and Assistance to Lepers), and the Department of Great Endemic Diseases, with the support of international aid organizations, the list of which is topped by the DAHW (German Association for Aid to Lepers), (Federal Republic of Germany).

We must pursue our efforts to wipe out leprosy in our country before the start of the third millenium, the minister told the audience. Among those attending were the governnor of Dakar, Mr. Tidiane Ly, the Dakar and Pikine prefects, department heads, association representatives, and doctors of the region.

Minister Diop noted that the number of lepers cared for fell from 14,218 to 8,021, and that the new chemotherapy program would gradually be extended to the entire territory.

In addition, the minister and the governor of Dakar each emphasized in turn the necessity of concerted, multidisciplinary, and convergent action on the part of all those involved in the fight against leprosy. Together with the ASAL president Mr. Ben Madi Cisse, they stressed the uphill fight to harmoniously promote the integration of cured lepers into the socio-economic fabric. Reclassification villages have undergone remarkable development as part of the national program.

We will report shortly on the conclusions of the sessions.

**SWAZILAND**

**Tuberculosis Kills 7 Since January 1991**

*MB0503070791 Mbabane THE TIMES OF  
SWAZILAND in English 5 Mar 91 pp 1, 24*

[Report by Vusie Ginindza: "T.B. Scourge Killed 7"]

[Text] Tuberculosis (TB) has killed seven people since the beginning of the year.

TB control clerk, Mr. Richmond Ngwenya said that last month cases of the disease increased by more than one and a half times those of the previous month.

He said 104 cases were diagnosed in January. By the end of February the figure had reached 287 cases.

Last year, TB killed over 80 people. Over 1,000 cases were recorded.

Experts say the disease is caused by a bacteria called Turbecl Bacilli that breeds under dirty conditions.

It is highly contagious.

Mr. Ngwenya said the disease will continue to kill scores of people until a good and large enough hospital for TB patient is built.

At the moment TB patients share the Psychiatric Centre in Manzini with mental patients while a programme to spread them to all the hospitals is being implemented.

But at the moment, the state of affairs at the National Psychiatric Centre is chaotic because of the increase of TB patients.

The Ministry of Health has said it was extremely concerned about the situation and that means to re-allocate the TB patients were underway.

Mr. Ngwenya says that because of the shortage of accommodation, TB patients are discharged after only two months, way before they have completed their treatment programme, to open room for others.

He said as a result, many of the patients abandon medication as soon as they get home. He said some even resume habits that encourage TB, like smoking.

"Firstly, no one can blame patients for abandoning medication because the pills are just too much. No one enjoys taking over 10 pills a time four times a day.

"Secondly, since TB is common under dirty conditions, in such cases the patients are compelled to return to those conditions even before they recuperate.

"So to make sure that these people get proper medication and are away from dirty conditions, a hospital remains the obvious solution."

He said that they have already been given two vehicles with which they visit homesteads around the country.

## UGANDA

### Meningitis Kills 'At Least 100' in Two Months

*AB2103140191 Paris AFP in English 1218 GMT  
21 Mar 91*

[Text] Kampala, March 21 (AF)—An outbreak of meningitis has killed at least 100 people in the last two months in the northern Kitgum and Kotido districts, a member of parliament said Thursday. The member from Kitgum district, Ambrose Okullu, said the highest number of deaths had been reported in Abdilang, Atongo, Alabong, Adebe and Lamo counties. He said drugs and vaccines are not available in the area, adding that the little vaccine remaining in Abim hospital was looted by rebels who invaded the area last week.

## ZAMBIA

### Investigation Reveals Lusaka Workers Died of Poisoning

*MB2602192491 Lusaka Domestic Service in English 1800 GMT 26 Feb 91*

[Text] Minister of Health Dr. Jeremiah Chijikwa has said investigations into the 29 deaths at Lenco [Lusaka

Engineering Company] revealed that endosulfan and a pesticide were used to contaminate the food. Dr. Chijikwa said endosulfan was found in the leftovers of food eaten by the workers leading to conclusion that the food was poisoned chemically.

He said the police are still investigating the matter because there seems to be a criminal element in the matter. Dr. Chijikwa, who was speaking at a press conference in Lusaka, said the tests by medical authorities concluded that the chemical poisoning was done within Lenco premises.

### Cholera Closes Ndola Schools Indefinitely

*91WE0224B Lusaka TIMES OF ZAMBIA in English  
10 Jan 91 p 1*

[Text] Schools in Ndola will not reopen on Monday, 14 January, because of the cholera epidemic now ravaging the district since the outbreak 6 weeks ago, Copperbelt Regional Council of Education Chairman Cde Peter Chanda confirmed yesterday.

Cde. Chanda, who is provincial political secretary, said the shut-down of the schools which were supposed to reopen for the first term was based on recommendations made by the district cholera surveillance task force led by Ndola Urban Medical Officer of Health Dr. Victoria Munthali.

So far the task force had identified 21 schools as potential threats to the outbreak of the killer disease should they be opened to children next week because of poor sanitary conditions and lack of adequate lavatory facilities.

Cde. Chanda said the prolonged holiday for school pupils in Ndola would be indefinite until experts from the Ministry of Health and Education authorities inspect individual schools to determine which ones should reopen and those needing cleaning up.

"The task force of medical personnel that has been monitoring the cholera outbreak recommended to the regional council of education that schools should remain closed temporarily. The council of education has accepted the advice," Cde Chanda said.

The cholera epidemic in Ndola is far from being contained and sources say the death toll is ever rising because of a number of factors including overstretched materials to control the scourge. Sources say the toll now stands at 87 although local health authorities refer press inquiries to the ministry headquarters in Lusaka.

Yesterday health workers went round the city-centre and residential areas broadcasting the message about the non-reopening of schools in Ndola using loud speakers.

Meanwhile, schools on the Copperbelt are so over-enrolled that the province needs 54 new primary and 30 new secondary schools to adequately absorb children of school going age.

Addressing the 28th Regional Council of Education, Cde. Chanda described the situation as alarming and appealed to private and parastatal firms, service organisations and individuals to help "before it is too late."

"The question is, should we sit idly by and say it is none of our business? No. Concerted efforts are needed not from the party and its government alone.

"We need to emulate what ZCCM, churches and private individuals are doing in education development. Lack of schools causes sleepless nights for all parents," Cde. Chanda said.

It was important that the nation should strive to provide education to all school age going population from Grade 1 to Grade 12 and it was imperative that all possible solutions were explored.

Cde. Chanda deplored the lack of reliable transport at the chief education officer's regional office which he said faced serious problems running examinations.

### Over 200 Cholera Deaths Reported in Three Provinces

91WE0224A Lusaka TIMES OF ZAMBIA in English  
16 Jan 91 p 1

[Text] Forty-seven more people have died of cholera in the country bringing the number to 210 while two other new cases have been reported in the capital the Ministry of Health said.

Last week, 153 deaths were reported from the Northern, Central and Copperbelt provinces while four cases were reported in Lusaka.

Central Province has recorded the highest increase in deaths, from 8 deaths last week to 22.

On the Copperbelt where the disease spread to Mufulira, more than 100 people have died and 127 are still undergoing treatment. Councils on the Copperbelt have submitted a report on ways to avert future cholera outbreaks.

The situation in the Luapula Province is under control with no new cases or deaths being recorded.

In Lusaka although the two new cases are still undergoing treatment, no deaths have been reported and the situation seems to be under control.

Last week, the ministry announced that the cholera centres that were established to maintain the last outbreak were still operating and suspects should rush there.

Northern Province has recorded 13 patients under treatment as compared to 23 last week and there has been no deaths.

The cholera death toll has risen to 24 in Kabwe after recording 2 more deaths at Nakoli centre yesterday.

The Central Province Surveillance Committee Chairman Mr. Joseph Sibajene confirmed in an interview and said his office was doing everything possible to control the situation.

From the 172 cases the province has attended to, 12 were new cases.

From the time cholera broke out 130 have been discharged from the various centres put up to control the disease.

Out of the 18 who are currently admitted, 9 are at Bwacha clinic, 3 at Ngungu and 6 at Nakoli clinic.

He said the Nakoli shanty township was still the worst hit and everything was being done to clean the place which he said was too dirty.

The Surveillance Committee will have to meet government officials to find out if they would continue operating under such conditions of erratic water supplies when cholera was present.

Mr. Sibajene said if it were not for the help they have received from parastatal companies and other business houses, they would have found the work difficult.

In Mufulira, reports Zana, panic-stricken district council officials alarmed by the increasing cases of cholera which shot up from 11 to 19 cases yesterday have appealed to the government for vehicles and material before the situation got out of hand.

Area Governor Cde. Benson Ilunga who presided over a 3-hour meeting of doctors and technicians said should the problem continue, Mufulira will be devastated because of lack of resources.

Medical authorities from the mines and government told the governor that the district needed at least four vehicles which should include refuse truck.

### Minister Receives Italian Cholera Relief Supplies

MB2302130491 Johannesburg International Service  
in English 1100 GMT 23 Feb 91

[Text] Radio Zambia says Italy has donated cholera relief supplies worth over \$200,000 to the Zambian Ministry of Health.

Speaking after receiving the relief supplies, the Zambian health minister, Dr. Jeremiah Chijikwa, thanked Italy and said that the Zambian Government's capacity to fight cholera was minimal.

The Italians have donated 80 tents, more than 500 water containers, 10 water tanks, and 150,000 plastic sheets.

Zambia has been hit by a serious cholera epidemic for the second successive year, with about 600 deaths reported so far.

**Cholera Deaths in Lusaka Reach 160**

*MB2803203691 Lusaka Domestic Service in English  
1800 GMT 28 Feb 91*

[Text] The cholera death toll in Lusaka has risen to 160 from 57, with Chingwere Treatment Center recording the highest number of 43 deaths. According to the latest cholera report from the minister of health, the Railway Treatment Center has recorded 36 deaths, while Chawama has recorded 21. Lutendere, Chainama and [word indistinct] barracks have recorded four, three, and one accumulated deaths each. The report says the total number of cholera cases from six treatment centers in Lusaka stands at 935. The number of those treated and discharged from the centers is 32, while the number of the suspected cases is 24.

**Border With Angola To Remain Closed To Check Animal Disease**

*MB1503135891 Johannesburg International Service  
in English 1100 GMT 15 Mar 91*

[Text] President Kenneth Kaunda of Zambia says the border between his country and Angola will remain closed until there is peace in Angola.

He said that, because of the Angolan civil war, the Angolan Government was in no position to control cattle diseases.

President Kaunda said that it would be pointless to open the corridor as this would mean a flow of cattle diseases into Zambia.

**Doctor Says Acupuncture Effective for Treating Asthma**

*OW2602133891 Beijing XINHUA in English  
1215 GMT 26 Feb 91*

[Text] Tianjin, February 26 (XINHUA)—Acupuncture treatment applied to the head has been found effective in asthma cases.

Dr. Chen Hongjun of Tianjin's Xinxing District Hospital developed the technique, which he says is painless, quick, cheap and needs no supportive medicine, after twenty years of study.

Treatment of over 1,000 asthma patients shows that the effective rate is 99.25 percent and the cure rate is 41.04 percent.

Chen said that Asthma results from a disorder of the vagus nerves. Acupuncture applied to the head regulates the central nerve of the vagus nerves and inhibits the excitation of these nerves, thus relieving asthma.

Receiving the treatment for 20 to 40 minutes every day, ordinary asthma patients need only about 10 days to complete the course. The longest treatment time does not exceed three months, according to Chen.

**Military Science Academy Produces Anti-Malarial Drug**

*HK0503025391 Beijing CHINA DAILY in English  
5 Mar 91 p 3*

[By Zhangshi and Zhubao]

[Text] The development of a new drug to fight malarials is one of some 80 major projects completed for civil use over the past five years by the China Academy of Military Medicine Sciences under the People's Liberation Army.

The medicine for malaria was the only winner of a first-grade invention price awarded by the State in the pharmaceutical industry since the founding of New China.

The academy, a leader in its field in China, is determined to further expand scientific projects for civil use during the next five years, though its priority remains research which serves the army and the national defense strategies.

Over 400 of the academy's medical research projects have won recommendations and awards over the past five years from the State and other concerned departments including the Ministry of Public Health and the Health Division of the General Logistics Department under the People's Liberation Army, a figure which is up 75 percent from the Sixth Five-Year Plan period (1981-1985).

Among its 98 achievement awards won last year, 80 percent of the projects were for civil use.

General Zhao Nanqi, chief of the General Logistics Department, spoke highly of the policy concerning the development of military scientific research institutes in peace time, which they believe will be able to help accelerate the advancement of civil medical programmes while enhancing scientific and technological standards in military research.

Another remarkable achievement made by the academy's researchers for civil use is the development of new technology to eliminate mice.

Due to the extensive application of the new chemicals which exterminate mice, Dandong in Liaoning Province became one of the first mainland cities to be free from mouse infestation.

**Guangdong Province Makes Progress in Controlling Rabies**

*OW1403142891 Beijing XINHUA in English  
1415 GMT 14 Mar 91*

[Text] Guangzhou, March 14 (XINHUA)—South China's Guangdong Province has made progress in controlling and preventing the spread of rabies.

Rabies used to be a serious problem in the province. Statistics show that in the period from the early 1970s to the mid-1980s, an average of 400 to 500 people died of rabies each year. The number surpassed 1,000 dead on some occasions.

Since 1985, the provincial government adopted a series of effective measures to control and prevent the spread of rabies. According to local officials, 138 people died of rabies in the province last year, a decrease of 57.4 percent over the previous year. Moreover, the officials emphasized, half of the province's cities and counties reported no rabies cases last year.

The officials attributed the success to the support of the local governments at various levels.

Last year, these governments allocated 502,000 yuan for the prevention and treatment of rabies.

Telephone numbers and telephone "hot-lines" were installed in many cities and counties to make it easier for people to report illegal dog breeding activities.

Citing the progress made, the government officials said that the average immunity ratio of dogs reached 68.22 percent last year. Meanwhile, more than 27,000 dogs were killed in areas where the breeding of dogs is forbidden and in zones where rabies is rampant.

Officials with the Guangdong provincial office for the prevention and treatment of endemic diseases said that more efforts should be made to raise the immunity ratio of dogs, thoroughly wipe out the infectious disease, and strengthen the management of dog markets.

**Experts Combat Venereal Diseases**

*HK2103034391 Beijing CHINA DAILY in English  
21 Mar 91 p 3*

[Article by staff reporter Zhu Baoxia]

[Text] Medical experts in Beijing as well as officials from the Ministry of Public Health have appealed for a heightened comprehensive strategy for the entire nation to curb the rapid spread of venereal diseases.

About 375,000 cases of sexually-transmitted diseases (STD) were reported in 16 cities by last September. These diseases include syphilis, gonorrhea and genital herpes. Extrapolating from that number, Chinese medical experts attending a seminar held by the all-China Medical Society this week in Beijing believe that the actual number in all of China would have surpassed one million.

Reporting and monitoring of STD cases is still imperfect in the country, and some patients are reluctant to seek treatment in State-owned hospitals, said Wang Guangcaho from the Beijing University of Medical Sciences.

Starting in the mid 1980s, the State strengthened surveillance and management over STDs, diseases that we basically eliminated on the mainland in the 1960s.

STDs reappeared in the early 80s and are presently spreading rapidly throughout the country, from the coast to the hinterland and from cities to the countryside, at an annual increase rate of 71.34 percent.

Many local governments have promulgated regulations in accordance with their respective situations.

In Shandong Province, job applicants are required to undergo VD tests before being allowed to take up posts, and engaged couples must undergo the tests before being allowed to marry.

Statistics show that all 30 provinces, municipalities and autonomous regions have reported STD cases. Highest increases in rates of STDs are reported in southern cities, including Shenzhen, Guangzhou, Fuzhou and Nanjing.

The annual growth rate in areas along the Yangtze River runs as high as over 110.35 percent.

Patients between the ages of 20 and 49 make up 83.46 percent of the total.

More and more women and children are falling victim to the diseases.

In 1987, incomplete statistics reported that there were 46 children in all of China who had contracted an STD; the number climbed to 242 in 1989.

Self-employed individuals have the highest rate of STDs among professionals—1256 cases in every 100,000 people.

But, an increasing number of government employees are contracting STDs, at an annual growth rate of 290.71 percent.

The incidence rate in rural areas also went up from 16.75 per 100,000 in 1987 to 39.4 per 100,000 in 1989.

**Number of Border Quarantine Stations Up to 151**

*OW2103165191 Beijing XINHUA in English  
1531 GMT 21 Mar 91*

[Text] Beijing, March 21 (XINHUA)—The number of China's border quarantine stations has increased to 151, employing more than 3,000 professional quarantine personnel.

China's border quarantine control started in 1973, and has developed rapidly in recent years, XINHUA learned from a related department.

The country's "Border Quarantine Law" was first published in 1986. The Ministry of Public Health published detailed regulations for the implementation of the law in February 1989.

To meet the needs of the open policy, a National Office for Border Quarantine was set up in 1988. The office has since controlled all of the country's quarantine stations.

In the past few years, these quarantine stations have reported 45,000 cases involving various kinds of infectious diseases. Among these reported cases were two AIDS cases, 128 AIDS-virus cases, 1,208 venereal disease cases, and several hepatitis, cholera, malaria and pulmonary tuberculosis cases.

**Agronomists Discover Cause of Fatal Corn Disease**

*OWB503120491 Beijing XINHUA in English  
1059 GMT 5 Mar 91*

[Text] Beijing, March 5 (XINHUA)—After nine years of research, a group of Chinese agronomists have discovered the cause of stem-canker, a disease which had baffled the world's agronomists during the past half century, the Overseas Edition of PEOPLE'S DAILY reported today.

The disease, which causes corn to rot while it is still green, has arisen in the main corn producing countries around the world, causing heavy losses, the paper said.

Severely affected by the disease, the United States, France, Great Britain and China respectively lose 10 to 30 percent of their corn yields each year.

Most of the scientists in other countries consider fusarium as the root of the disease; however, experts from the Chinese Academy of Agricultural Sciences recently concluded that the disease is caused by saprophytic bacterium. This discovery offers promise that the problem may soon be solved.

China grows 20 million hectares of corn and is one of the worlds largest corn producers and exporters. Scientists here believe the new finding will have an enormous effect on future corn yields.

The Chinese scientists' new discovery has attracted the attention of their foreign partners. The scientists performed cooperative research with United States researchers from Iowa not long ago, the paper said.

## INDONESIA

**Cholera Deaths in Southeast Maluku**

*91WE0236A Jakarta MERDEKA in Indonesian  
2 Feb 91 p 2*

[Text] Tual, 1 Feb (ANTARA)—Eighty-four people have died and hundreds of others have suffered in a serious epidemic of cholera in the Serwu and Babar Islands Subdistricts of Southeast Maluku Regency this week.

Citing a report from Fery Radiena, chief of Sera Village, Serwu Subdistrict, to Southeast Maluku Regent Chr. Rahana, an ANTARA correspondent said the village used up its medicine supplies in December 1990, making it necessary for some patients to be given infusions of the milk of young coconuts.

The village chief also said that most of the victims are in Sera, Lolotoara, and Keti Villages.

The head of the public clinics on Sermata and Luang Islands, Babar Islands Subdistrict, reported that 21 deaths have been recorded in East Luang, West Luang, and Mahalela Villages in his area and that 270 other victims are seriously ill.

Southeast Maluku authorities interviewed by ANTARA in Tual acknowledged a cholera epidemic in the isolated area but said they did not know the exact number of victims.

They stated that the medicine quota for the 3d quarter of fiscal 1990-91 has just been sent with an integrated health team from Tual and Ambon that is to visit the area to help citizens ill with the disease. The team is traveling aboard the KM [Motor Ship] Duta Nusantara.

Because of the depletion of medicines in the area, some cholera patients have been given infusions of the milk of young coconuts. The treatment has been of little help, however.

O. Labetubun, head of the Southeast Maluku DEPDIKBUD [Department of Education and Culture] Office, said he had been informed that J. Lahusa, head of the DEPDIKBUD Office for Serwu Subdistrict, died in the cholera onslaught.

He was the first victim to be given an infusion of coconut milk.

The Southeast Maluku Health Service believes the cholera epidemic was possibly the result of failure to maintain clean surroundings. The precise cause of the epidemic is still being investigated, however.

## SOUTH KOREA

**Contaminated Tapwater Found in Taegu, Pusan**

*SK2103061291 Seoul YONHAP in English 0518 GMT  
21 Mar 91*

[Text] Taegu, March 21 (YONHAP)—Residents in Taegu, Changwon, Masan and Pusan have been alerted against using tap water since learning that the reason for its foul smell recently is that the supply is contaminated with a toxic chemical that can damage the nervous system and cause cancer.

Since November, a company had been accused of pouring untreated waste into the river that supplies those cities with drinking water. Phenol has been singled out as the villain for the alert, which when mixed with the chlorine used to purify the water formed chloro-phenol, a much more toxic pollutant.

The level of phenol has surpassed the safe limit of 0.005 ppm (parts per million) in some parts of Taegu, climbing as high as 0.0086 ppm, officials here said Thursday.

Pusan City, located at the end of the Naktong River, went on alert late Wednesday when traces of phenol were detected in the water supply. City officials ordered a halt to the use of chlorine by water purification plants and told them to find alternatives.

Environment ministry officials have begun a close check to trace the flow of the chemical.

An investigation has traced the leak to Doosan Electro-materials Co., a major exporter of phenolic laminate. The company is suspected of having dumped 325 tons of raw waste into the river between Nov. 1 and Feb. 20 because one of its two phenol incinerators had broken down. Repairs were completed and the polluting stopped Feb. 20, according to the Taegu District Prosecutor's Office.

Doosan has produced 9.5 tons of phenol a day since the time the factory opened in February 1980, but can treat only 8.4 tons when both incinerators are working at full capacity. The rest is thought to have gone into the river, the prosecutor's office says.

The prosecution arrested six senior Doosan officials on charges of polluting the river. The prosecution suspects the environment ministry, and municipal and provincial officials knew what was going on and deliberately kept silent despite the grave health risk, and is planning to expand its investigation, sources said.

The current investigation began after residents of Taegu began to complain about the foul odor of their tap water. The city's answer was to use more chlorine, not knowing that it was part of the cause of the problem because it was reacting with the phenol to produce the toxic compound chlorophenol.

LAOS

**Seven New Cases of Polio Discovered**

91SE0225A Vientiane PASASON in Lao 3 Jan 91 p 1

[Unattributed report: "Children Five Years and Under Are at Great Risk of Contracting Polio"]

[Text] Recently the Institute of Health and Epidemiology of the Ministry of Public Health discovered seven new cases of polio.

The disease suppression units of various hospitals in the Vientiane Municipality and the rehabilitation center for the disabled reported that of these seven cases, four were children aged one year, two were aged two years, and one was aged four years. These figures indicate that polio is a disease which affects children five years and under. This age group has a high incidence of polio.

Tests for disease done at hospitals in the Vientiane Municipality and in provincial hospitals in Khammouan Province, Savannakhet Province, Champassak Province, Bolikhamxai Province and Luang Prabang Province discovered 119 cases of encephalitis, 103 cases of diarrhea, 24 cases of polio, 26 cases of diphtheria, 404 cases of tuberculosis, 4,450 cases of malaria, 53 cases of dengue fever, 1,349 cases of lung inflammation and 53 cases of leprosy.

**Phong Saly Malaria Survey**

91WE0225C Vientiane PASASON in Lao 4 Jan 91 p 1

[Unattributed report: "Phong Saly Public Health Activities in 1990"]

[Excerpt] In 1990 the public health services of Phong Saly District and Phong Saly Province worked together to give injections for six diseases and test the blood of cadres, combatants, government workers, and the people in the municipal district and the province for malaria.

During this period they gave 1,600 injections for diphtheria, tetanus, whooping cough, tuberculosis, measles, and tetanus and they conducted 4,800 blood tests for malaria. They discovered malaria in 900 people or 18.44 percent of the total. Of those tested, 743 people or 15.39 percent had falciparum, 109 people or 2.27 percent had vivax, and two people had [quartile] malaria. They discovered pangyai [enlargement of the spleen due to chronic malaria] in 730 people or 15 percent. In addition the medical teams which conducted operations in grass-roots areas also distributed medicine to those who were already ill. They have reduced the incidence of malaria already. [passage omitted]

**Norwegian-aided Hospital in Savannakhet, Malaria Noted**

91WE0225B Vientiane PASASON in Lao 18 Jan 91 p 3

[Report by Bansu: "Public Health Problems in the Mountain Areas"]

[Excerpts] Phong District is a district located in the distant mountains of Savannakhet Province. It includes nine cantons and 94 villages. Its multi-ethnic population of 16,000 is made up primarily of Phou Thai, Katang, Mangkong, Ta-oi, and Chali.

There were 34 public health cadres working there: one was high-level, seven were middle-level, and 24 were low-level. These cadres were generally from the district [town]. [passage omitted] In the district [town] there was a clinic, a canton hospital with two beds, and a district hospital with seven beds. The district hospital was built with assistance from a Norwegian religious organization and was valued at \$14,000. The district hospital examined 200 to 300 people per month for disease and treated 20 to 40 per month. The most common diseases were malaria, diarrhea, and dysentery.

The public health service, the medical cadres, and the new district hospital were still inadequate compared with the actual needs. The people lived very close to nature here and had many old-fashioned beliefs. When public health work started, they were interested. But when they came to the hospital for medicine they were generally told to buy it and take it themselves. They did not get any guidance. They took whatever medicine they had, and if they did not have it, it did not matter. As a result they did not receive the proper treatment. This was not as impressive to the people as it should have been.

**Epidemic Outbreak in Houa Phan Province**

BK0503094091 Vientiane KPL in English 0857 GMT  
5 Mar 91

[Text] Vientiane, March 5 (KPL)—Six Hmong ethnic settlers at Nam Neun and Bouamfat villages, Viangthong District, Houa Phan Province, recently died of chicken pox, malaria and whooping cough. The affected received medical care and their health has been restored.

These villages are a new rural development settlement.

In this connection, the district administration, in collaboration with the Lao-American integrated rural development project, has requested two doctors from the Lao-Mongolian friendship hospital in its neighbouring province of Xieng Khouang. Furthermore, the project has spent 400,000 kip for the purchase of medicines expected to reach the destination soon.

## MALAYSIA

### Health Problems From Indian Kidney Transplants

*BK1303015791 Hong Kong AFP in English 2152 GMT 12 Mar 91*

[Text] Kuala Lumpur, March 12 (AFP)—At least 70 Malaysians who received kidney transplants in India have developed complications and were forced to seek treatment here, a newspaper reported Tuesday.

THE MALAY MAIL, an afternoon daily, quoted Zaki Murad, head of the hospital's nephrology department as saying that more than 70 people had been admitted to the hospital in the past three years for follow-up treatment.

"In some cases the kidney malfunction was due to infection and improper surgery," Dr. Zaki was quoted as saying.

"In other cases the kidneys were rejected because the tissues and blood of the recipient did not match those of the donor," he said.

The newspaper said patients paid about 45,000 Malaysian dollars (16,700 U.S.) each for transplants in India, where kidneys were more easily available than in Malaysia.

## THAILAND

### Gonorrhea Incidence in Northeast

*91WE0210B Bangkok NAEON in Thai 25 Jan 91 p 11*

[Excerpt] [passage omitted] Dr. Somsak Ankhasin, the acting director of the Zone 7 Communicable Disease Control Office, chaired a conference on venereal diseases that was held for officials in the auditorium of the Zone 7 Communicable Disease Control Office. Communicable disease control officials from Ubon Ratchathani, Yasothon, Mukdahan, Sisaket, Nakhon Phanom, and Sakon Nakhon provinces attended the conference.

Dr. Somsak said that this conference was held because venereal disease is still as serious a public health problem as AIDS. Thus, it is essential to formulate a plan to solve this problem. Measures to control venereal disease will be taken along with the measures to control AIDS. In Ubon Ratchathani Province, studies have shown that 2.33 per 1,000 people have a venereal disease. The most frequent venereal disease is gonorrhea, with the incidence of gonorrhea being 1.95 per 1,000 people.

### Yaws Cases in Pattani Province

*91WE0223A Bangkok MATICHON in Thai 1 Jan 91 p 22*

[Excerpts] Dr. Thira Rammaset, the director-general of the Department of Communicable Disease Control,

Ministry of Public Health, said that he had recently received a report about an epidemic of yaws in Pattani Province. He went and inspected the situation in various districts and discovered 98 cases in Mae Kaen Branch District. The disease has also spread to Sai Buri District. So far, a total of 248 cases of yaws have been discovered. Most of the patients are children below the age of 15. The first patient contracted the disease in Malaysia. Thus, the Ministry of Public Health has implemented measures to halt the spread of this disease as quickly as possible. A seminar will be held for public health officials, community leaders, and teachers to provide them with information about this disease and how to prevent this disease.

"There used to be cases of yaws in Thailand in the past. But Thailand took steps to eliminate this disease. There have not been any cases of yaws here since 1969. But now that cases have been reported here, the disease can be transmitted to others. It will not take very long to stop the spread of this disease. A single injection is enough to cure the disease," said Dr. Thira. [passage omitted]

Dr. Thira said that unless quick action is taken, this disease could spread to other areas. The department of Communicable Disease Control held meetings to formulate measures to eliminate yaws in five provinces: Pattani, Narathiwat, Songkhla, Satun, and Yala. Mobile medical teams of the Pattani provincial Public Health Office and of the Zone 12, Songkhla, Office of Communicable Disease Control have been sent to work in the zones where cases have been reported, that is, in Mai Kaen Branch District and Sai Buri District. The teams are searching for people with the disease and people who have come in contact with the disease. As for neighboring districts, mobile teams will be sent to block the spread of the disease in Panare and Mayo districts and Kapho Branch District in Pattani Province.

## VIETNAM

### Brown Leafhoppers Cause Rice Crop Losses

*91WE0211A Ho Chi Minh City SAIGON GIAI PHONG in Vietnamese 5 Jan 91 p 1*

[Article by L.D.: "Nha Be District: Brown Leafhoppers Cause Loss of 1,260 Tons of Paddy"]

[Text] Brown leafhoppers have recently destroyed 4,200 hectares of rice crop (out of 6,000 hectares) of Nha Be District, with 50 hectares being burned, and it is estimated that the losses may be 1,260 tons of paddy. Presently there are 5 hectares of rice crop in Tan Thuan Dong Village (the only village capable of growing two rice crops per year) which still show the effects of the insects' destruction. In addition, the district also has 50 hectares of rice crop being infected by nematodes, and there is a danger that they may become a total loss.

The state of its soil being easily sulfated, rice productivity being relatively low, and just one rice crop being planted each year shows that the difficulties in Nha Be District remain excessive.

So far the district has harvested 30 percent of its tenth-month rice crop, which yields an average of 2.7 tons/hectare, mostly in such island villages as Hiep Phuoc, Long Thoi, and so on.

### Insects Infect 400,000 Hectares of Rice Crop

91WE0211B Ho Chi Minh City SAIGON GIAI PHONG in Vietnamese 8 Jan 91 pp 1, 2

[Article by TH.B.: "400,000 Hectares of Rice Crop in Southern Provinces Are Infected by Brown Leafhoppers—Attention Is To Be Paid to Correct Methods of Prevention-Control"]

[Text] According to statistics provided by the Ministry of Agriculture and Municipal Industry, in the southern provinces, the area of the winter-spring rice crop that has so far been sown is about 300,000 hectares; the late tenth-month rice crop includes 100,000 hectares where the rice plants are now in the stage of heading and being in boot. Almost all of the areas of these two plantings are now infected by brown leafhoppers, at the rate of from 3,000 to 5,000 insects per square meter. A higher rate of infection—from 30,000 to 90,000 insects per square meter—is found in 150,000 hectares, where active prevention and control must take place.

The ministry's Department of Cultivation and Plant Protection foresees that leafhoppers will continue to become more numerous and will cause heavy damages between 5 and 15 January 1991 in the areas of both late tenth-month and winter-spring rice plantings. After this period, the insects will move from the tenth-month rice plants to the winter-spring rice crop where they will inflict damages.

Because the methods of prevention and control of leafhoppers as adopted by many localities are not correct and bring about poor results, the Department of Cultivation and Plant Protection has issued a document to provide these guidelines: Use "gazol" oil and fuel oil only in wet ricefields. In case the tenth-month rice plants have grown tall, spray oil and let it spread on the water surface, and then use buckets to splash this water over the clusters of rice plants to make the leafhoppers fall. In case the rice plants are still short, use sticks to lightly beat the lower part of rice plants. The use of ducklings to eat leafhoppers can take place only in the ricefields where insecticide has not been sprayed yet. About the use of chemicals to destroy leafhoppers, do not use organic phosphate and pyrethrum-based chemicals; the chemicals that are prohibited are methyl parathion and BHC. The kinds that should be used in the right amounts are Bassa 50ND, Mipcin 25 BHN, Mipcin 20ND, Padan 95SP, and Trebon 10ND; they should be applied at the right time when leafhoppers are still small (about 10-15 days after they grow in large quantities all at once) and

when the density of their population is more than 30 insects per 10 rice plant leaves (age of rice plants being less than 40 days) and 50 insects or more per 10 rice plant leaves (rice plants being older than 40 days).

### Do Muoi Speaks at Malaria Conference

BK2302092391 Hanoi International Service in English 1000 GMT 22 Feb 91

[Text] Measures to cope with the growing incidents of malaria in the next five years were discussed at the national conference on the execution of anti-malaria program in Hanoi on Thursday and Friday.

Speaking at the conference, Chairman of the Council of Ministers Do Muoi called on all services to step up their coordination in the fight against malaria which plays an important role in the strategy for socioeconomic development of the country.

In recent years, malaria has been coming back affecting millions of people having malaria and causing thousands of deaths.

### Malaria Claims Over 3,000 Deaths in 1989

BK0103040691 Hanoi International Service in English 1000 GMT 28 Feb 90

[Report on 21-22 Feb Hanoi antimalaria conference held by Ministry of Public Health]

[Summary] "The nationwide anti-malaria program for 1991 and the 1991-95 period was launched in a conference held in Hanoi on 21-22 February by the Ministry of Public Health"

According to reports made at the conference, "the number of malaria deaths had been on the rise. In 1989, over 3,000 deaths of malaria were reported and malaria epidemics occurred in various localities in the first nine months of 1990."

It is reported that "50 percent of the population affected are mainly situated in the mountain region or remote construction sites and plantations, new economic zones," and that malaria parasites-carrying mosquitoes' [have] increasing resistance to antimalaria chemicals, a sharp increase in the prices of chemical materials is needed for malaria control, and inadequate attention and investment on the part of the administration at various levels are the main causes of the above alarming situation.

The purpose of the above program is to "control the spread of malaria and reduce the death rate among malaria patients during the period 1991-93 in order to stabilize the situation and bring down the rate of malaria patients in the national population during the period from 1994-95."

Addressing the conference, chairman of the Council of Ministers Do Muoi said: "Antimalaria work is an urgent

task of socioeconomic development in the mountain region and as such, requires concentrated efforts of all concerned branches and administrative levels."

### **Anti-Malaria Drive Steps Up in Son La**

*BK1503140691 Hanoi Domestic Service in Vietnamese  
2300 GMT 14 Mar 91*

[Text] The health service of Son La Province has treated malaria victims a total of 120,600 times, stopped seven malaria epidemics in Da River Base and the highland area.

### **Outbreak of Insects in Mekong River Delta**

*BK2802152091 Hanoi Domestic Service in Vietnamese  
0500 GMT 28 Feb 91*

[Text] Brown planthoppers have now developed vigorously and fomented an outbreak in some Mekong River

Delta provinces such as an Giang, Long An, Hau Giang, and Dong Thap. The area of winter-spring rice infested by brown planthoppers has reached 200,000 hectares.

The Ministry of Agriculture and Food Industry has instructed various localities to urgently concentrate efforts on quelling the outbreak of brown planthoppers to ensure the yield of winter-spring rice, as well as to prevent them from developing and continuing to do harm to rice in the forthcoming summer-fall and 10th-month crop seasons.

All provinces must have a sufficient reserve stock of insecticide of various types that is capable of quelling any outbreak of insects.

## ALBANIA

### Deplorable State of Country's Hospitals Described

AU0104073891 Paris AFP in English 0637 GMT

1 Apr 91

[Report by Nicolas Miletitch]

[Text] Tirana, April 1 (AFP) — At Hospital Number-2, one of five in the Albanian capital, surgeons have not done any operations for a month because there are no gloves, no antibiotics and often no water either.

"It's a disaster," said surgeon Arben Bobici, 35. "We are short of everything. This is an SOS to foreign donors to come to our aid."

He said the hospital had practically no disposable material like syringes, gloves or catheters and was fast running out of what medicines there were in stock.

Supplies of hot and cold water are frequently cut off, usually without warning, and overcrowding is such that the squalid, dirty rooms can contain up to 12 beds at a time.

"We have to use syringes and gloves over and over again, with no guarantee that they have been properly sterilised. I know it's risky but what can you do," Dr. Bobici said. He said many patients developed hepatitis after being jabbed with badly-sterilised syringes.

"In the whole of Albania we have only six dialysis machines for diabetics and we are desperately short of insulin," said Dr. Bobici who did part of his specialist training in France.

Because of a shortage of a foreign exchange, Albania cannot purchase medical drugs abroad. The only plant in Albania which produced antibiotics closed down last year after being classified as unprofitable.

Pharmacies are either empty or contain only old drugs — the equivalent of "medical archaeology", Mr. Baboci said.

Hospital-2's peeling dingy facade is a harbinger of things inside. A tour through the dimly-lit corridors reveals only two toilets for the 70 patients in Albania's only specialised cardiac unit. The hospital's 450 patients have to make do with 10 showers.

Down the corridors visitors arrive laden with parcels and cans of food. "Relatives bring in food because the hospital rations are unsuited to sick people. Lack of protein means that wounds take far longer to heal," Dr. Baboci said.

In Tirana, the gynecology clinic on what used to be Stalin Boulevard has a sinister reputation, even among the medical corps. "There is no hygiene. Every day in the place means added risk of infection to mother and baby," said Dr. Bobici who said he had got his own wife and child out of there as fast as possible.

The maternity unit was built 50 years ago when Tirana had a population of 80,000. The city's population now stands at 300,000 and the same facility can no longer cope.

Work began six years ago on a new maternity hospital in Tirana but the building was halted last year when money ran out. Improvements to other hospitals were similarly shelved.

The only hospital actually worthy of the name in the Albanian capital is in the "Block" —the exclusive enclave reserved for members of the Communist Party elite. "It's a kind of hotel with television in the rooms and is fairly well equipped. The leaders go abroad anyway whenever they need surgery," said one of the surgeons familiar with the place.

Hospital staff complained that they earned less than workers in industry and mining.

"A nurse earns between 550 and 650 leks (55 to 65 dollars) a month and a doctor between 650 and 830 leks (65 to 83 dollars)," a doctor in his fifties who refused to be named noted. "A miner earns twice as much as I do," he said bitterly.

When they can afford to, families resort to bribery to ensure that relatives get better care. "We have to pay the doctors, the nurses, the auxiliary staff, or else the patients have a terrible time," said a young man who said he had sacrificed all his savings to make sure his mother got decent treatment.

A French surgeon on a fact-finding trip to Albania said the medical situation there was "appalling."

"It's like going back to the Middle Ages, worse than anything in Eastern Europe, including Romania," said Dr. Patrick Laburthe-Tolrat on his return to Paris.

He said it would take at least two million dollars in foreign aid to take care of Albania's most urgent needs for the next six months.

Albania hid the scale of the disaster for years, and only a few months ago AFP's correspondent was refused permission to visit a hospital.

"Today Albania is ready to acknowledge the magnitude of the disaster because this is the price it must pay to get Western aid," a diplomat in Tirana said.

## BULGARIA

### 'Epidemiological Situation' in Country Reported

AU2103185991 Sofia BTA in English 1805 GMT

21 Mar 91

[On the Epidemiological Situation"—BTA headline]

[Text] Sofia, March 21 (BTA)—The number of children affected by diseases similar to poliomyelitis has reached

40. The laboratory tests of 18 of them have proven that they have really contracted poliomyelitis. It is possible that some of the other cases of paralyses are not related to this disease.

This month there were registered two cases of abdominal typhus in the village of Strazha near the town of Turgovishte. The Sanitary-Epidemiological Inspectorate in the town has reasons to believe that nine more residents of the same village may be infected. The cases are presumably caused by chronic carriers of typhoid

microbes who had been ill in the past, as there had been a small epidemic outbreak in 1985.

For the time being there are no grounds to prognosticate an outbreak of an influenza epidemic. Some type B influenza viruses have been isolated in schoolchildren from Sofia. Four more patients in northern Bulgaria have developed clinical symptoms of influenza. Acute infections of the respiratory system are above the average for the season.

## ARGENTINA

### Foreign Minister Di Tella Returns From Peru

PY2103174491 Buenos Aires Radio Nacional Network  
in Spanish 1600 GMT 21 Mar 91

[Text] Foreign Minister Guido Di Tella is currently visiting Jujuy Province upon his return from Peru. Di Tella said that he saw in Peru a high cholera mortality rate. He reiterated that there is little possibility that cholera will enter our country. He added: I do not believe this illness will spread to Argentina or to other countries.

## BOLIVIA

### First Case of Cholera Detected in Cochabamba

PY2602170691 La Paz La Red Panamericana  
in Spanish 0000 GMT 26 Feb 91

[Summary] The first suspicious case of cholera has been detected in Cochabamba. According to a doctor, all necessary measures have been adopted to treat this patient and to prevent the possible outbreak of an epidemic.

### Health Ministry Says No Cholera Cases in Country

PY2702141491 La Paz Radio Fides in Spanish  
1100 GMT 27 Feb 91

[Text] This is a final conclusion: Tests carried out by the Health Ministry Directorate of Epidemiology have revealed that there is not a single case of cholera in Bolivian territory. This information has been supplied by Health Under Secretary Guillermo Cuentas. [Begin Cuentas recording]

Cuentas: The laboratory tests were negative; that is, the suspected cholera case did not turn out to be cholera. The Health Ministry would like to officially inform the public that the laboratory tests were negative. Therefore, the reported cholera patient has another gastric condition which caused acute diarrhea. Patients suffering from acute diarrhea or from conditions more serious than is normal are undergoing these tests, because all necessary measures have obviously been adopted in light of the possibility of a cholera epidemic. [end recording]

## BRAZIL

### Government Sends New Shipment of Medicine to Peru

PY2302021491 Brasilia Domestic Service in Portuguese  
2200 GMT 22 Feb 91

[Text] Brazil is helping Peru fight the cholera epidemic. So far 200,000 doses of antibiotic and 15,000 bags of rehydration serum have been sent. The Brazilian Government is now sending 150,000 doses of antibiotic and 15,000 bags of serum to help cholera victims in Peru.

This is the second [as heard] shipment of medicines sent by the Health Ministry to fight the epidemic.

The medicines donated by the medicine center were sent on an Air Force Hercules aircraft that took off from the Brasilia air base at 1145. This is the first time the Air Force has participated in carrying medicine to Peru.

Previous shipments were sent through commercial companies on 8 and 14 February. The first shipment included 50,000 doses of antibiotic and 5,000 bags of serum.

### Health Minister Discusses Budget, Objectives

91WE0213A Sao Paulo ISTOE SENHOR in Portuguese  
6 Feb 91 pp 4-7

[Interview with Minister of Health Alceni Guerra by Bob Fernandes; date and place not given: "Alceni Cures Everything"—first two paragraphs are ISTOE SENHOR introduction]

[Text] The minister of health says he is carrying out a revolutionary program and attacks his critics.

The man from Soledade, Rio Grande do Sul—Alceni Angelo Guerra, 45, minister of health and child welfare—today has an ally who tomorrow could be his executioner. That ally is time, which still works to his advantage in view of the fact that health care in Brazil is so preposterous that almost nowhere in the country is disease prevented, and after it is contracted it is not cured. With a budget of 4 trillion cruzeiros for 1991 and \$100 billion for the period ending in 1995, Alceni—if he should fail—would be adding one adjective to his resume: incompetent. A doctor who received his training in Social Pediatrics at the Buenos Aires Children's Hospital after beginning his studies in Curitiba, Alceni is one of seven children of Prosdocimo Guerra and says he has "sufficient wealth to maintain a high standard of living." Attention began to focus on him during his second term as deputy when—at the plenary session of the Constituent Assembly—he proposed the granting of paternity leave and was greeted with raucous laughter. One might say that Alceni's proposal was the fruit of his complaints to journalists during those nights in Brasilia at the time of the birth of Ana Sofia, the youngest of his four children by Angela. "If I—someone who was financially well off—was sick with anxiety, imagine how someone who has to work would feel," he says. The guffaws and wisecracks at the plenary session motivated him to give an emotional speech and led to approval of the controversial amendment. Moreover, Alceni Guerra likes controversy. In the course of this interview with ISTOE SENHOR he attacks the then deputy Sergio Arouca (PCB [Brazilian Communist Party], Rio de Janeiro) and journalist Janio de Freitas, despite the fact that the latter had merely commented—in the FOLHA DE SAO PAULO—on reports that the JORNAL DO BRASIL and DIARIO DO COMERCIO had already published concerning favoritism shown toward private laboratories in the purchase of medicines by the Central

**Medical Supplies Exchange (CEME).** The minister also warns that dengue will still be present next summer and points the finger at international organizations which he says are "responsible for the sterilization of 25 million Brazilian women." The Ford and Rockefeller foundations, the World Bank (IBRD), the Inter-American Development Bank (IDB), and USAID are among the organizations accused.

**Fernandes:** Mr. Minister, almost a year after the inauguration of the Collor administration, Brazil does not have a health program or plan. Why not?

**Guerra:** President Collor is always telling me, in all our conferences, that I am losing the communications battle—that I am accomplishing a great deal but losing the communications battle. Now that he has raised the issue, I have to conclude that this statement is absolutely correct. The nation is experiencing a revolution in the health sector. It has lived eternally with very great administrative inefficiency, brutal deficits, and a stagnation and lethargy that....

**Fernandes:** What kind of deficit?

**Guerra:** The deficit of \$6 billion that I inherited—that existed on the day I took office.

**Fernandes:** What is the deficit today?

**Guerra:** The deficit has been reduced to zero, and there is a surplus. All moneys received are channeled directly into the investments specified in the pilot plan.

**Fernandes:** What is your budget for this year?

**Guerra:** The Ministry of Health budget for 1991 is 4 trillion cruzeiros. It is estimated that under the five-year plan we will probably spend \$100 billion to implement the actions that the president has taken.

**Fernandes:** And with 4 trillion cruzeiros to spend, if a year from now the nation is in the same situation with respect to health, whom will we be able to blame for that situation?

**Guerra:** The situation will be completely different at the end of 1991 from what it was on the day we took office. We have a five-year plan spelled out in an objective-by-objective administrative format. All middle-level and top-level officials of the Ministry of Health met and discussed the goals—the objectives—that we should attain, after which we met with the state secretaries of health, who approved these goals. The end result is 63 goals to be attained by 1995. Each of these 63 goals has been assigned an administrator, funds in the budget, and a monthly agenda. All these actions are listed chronologically, month by month and year by year, until 1995.

**Fernandes:** Are there priorities?

**Guerra:** Yes, there are priorities.

**Fernandes:** For example?

**Guerra:** We have 16 major objectives for our work this year. The first of these objectives is a reduction in infant mortality—an effort that will continue in the ensuing years of the plan. The second objective is to set up a network of primary care on the Cuban (or a similar) model throughout Brazil by 1995. The third is to set up an emergency care and trauma network in the Brazilian state capitals by 1993. The fourth is the fight against cancer, which is now the second most frequent cause of death in the nation. The fifth is oral health. The sixth—or rather, the fifth—is the campaign against the major endemic diseases, and the sixth is oral health. And so on, for a total of 16 major objectives with the corresponding activities scheduled on a monthly basis. These activities are somewhat complicated because under the unified health system they will be carried out in practice by the municipal secretaries of health and coordinated by the state secretaries of health with overall coordination being exercised by the Ministry of Health. It is not an easy task to accomplish. Brazilian children—who had been recording figures for vaccination that were ridiculously low—are now within the parameters of the World Health Organization, which were attained in 1990 thanks to this effort.

**Fernandes:** Do you have any figures?

**Guerra:** Yes, I do, although they are still provisional and should increase. In the case of measles, 91.3 percent of all children have been vaccinated; the goal was 90 percent.

**Fernandes:** What was the previous figure?

**Guerra:** In 1989 the figure for measles was between 70 and 73 percent. The figures for vaccinations with the triple vaccine and against tuberculosis and poliomyelitis have also attained our objectives: approximately 80 percent for the triple vaccine, about 90 percent for tuberculosis, and more than 90 percent for poliomyelitis. These data will be consolidated around 15 February, at which time we will get the results for the 1990 vaccinations.

**Fernandes:** You spoke of preparing for implementation of the five-year plan, I believe, but this kind of thing in Brazil usually goes very slowly. The results are not forthcoming; we do not see them. Can we expect anything different this time?

**Guerra:** There are going to be some developments in this connection, especially in 1991.

**Fernandes:** What developments?

**Guerra:** For example, improvement of the welfare system in the Brazilian federal and state capitals, although for the time being only in those capitals; setting up an emergency care and trauma system, with the Fire Department assuming responsibility for the operation of ambulances in the capitals; improvement of the figures for vaccination, with a corresponding decrease in the incidence of diseases; and a campaign against the major

endemic diseases, which by the end of 1991 should show substantially improved results, principally with respect to malaria and also dengue—a disease that is currently affecting a large part of the population.

**Fernandes:** On this point, inasmuch as predictions concerning the Aedes aegypti mosquito have existed ever since 1982, is it not true that this year the government has been indecisive in dealing with dengue?

**Guerra:** Not our government. The federal government last year invested, in the state of Rio de Janeiro alone, 5.166 billion cruzeiros to fight dengue.

**Fernandes:** And that was not enough to kill the mosquito?

**Guerra:** I even brought the Army into the fight against the dengue mosquito in Rio de Janeiro. There was a serious problem with the coordination of activities, and it was a very difficult year, featured by many strikes in the health care area. The Rio de Janeiro State Secretariat of Health was involved in strikes virtually the entire year.

**Fernandes:** Might there have been a lack of synchronization among the local coordination efforts, and specifically in Rio de Janeiro?

**Guerra:** There was a great lack of coordination and, in addition, a crisis in connection with the pay of health care personnel, resulting in a wave of bitter strikes that prevented the antidengue actions from being better implemented. With the advent of June, however, I advised the president that if we—if the federal government—did not take measures, there would be approximately 100,000 cases of hemorrhagic dengue in Rio de Janeiro. As a result of the prompt action taken jointly by the Ministry of Health, the Army, the State Secretariat of Health, and the Municipal Secretariat of Health, we now have approximately 1,500 cases of dengue per week—a figure far below the 100,000 cases we were expecting.

**Fernandes:** Even so, it is a tragic thing.

**Guerra:** It is also a tragic thing that we inherited. Since 1981 dengue had been treated in Brazil with speeches by public health experts who believed they could end dengue with oratory and left it to their secretariats....

**Fernandes:** Can you name these tricky fellows?

**Guerra:** One of those most to blame for dengue in Brazil is precisely one of those who have the most criticism to offer: Dr. Sergio Arouca, who is today a federal deputy.

**Fernandes:** Why is that?

**Guerra:** Although he served as secretary of health of the state of Rio de Janeiro and in 1986 also became president of the Fio Cruz, he did not leave Dr. Jose Noronha, who succeeded him as secretary, any plan for combating the mosquito. This person who is so free with his

criticism is therefore himself one of those who is most responsible. We could also cite ten other individuals in Brazil who have major responsibilities in the fight against dengue, but we would rather not mention their names because—in a war such as this—one should not create internal factionalism. I make a point of citing Dr. Sergio Arouca because he is the principal critic of his successors and of his predecessors as well, although he neglects to mention that he himself bears a large measure of the blame.

**Fernandes:** Then what is the explanation for the presence of dengue in a state such as Sao Paulo and in some regions of Rio Grande do Sul and Ceara?

**Guerra:** We have the mosquito today in 15 Brazilian states, and a 1984 Ministry of Health report contained a recommendation by American experts to the effect that the mosquito should not be combated, because it was invincible and people should learn to coexist with it. That led to a certain relaxation of effort, which in turn gave rise to the present chaos.

**Fernandes:** That was in 1984?

**Guerra:** There are still some people who believe that the campaign against the mosquito is unnecessary because it is expensive and entails a massive mobilization of governmental effort, and also because it is possible to coexist with the mosquito.

**Fernandes:** "Coexist with the mosquito?" What does that mean? Does it mean, "See here, mosquito, don't bite me...."

**Guerra:** I believe there should be no coexistence, because the mosquito has a highly pernicious passenger: the dengue virus. In the past it also carried the yellow fever virus. When the yellow fever vaccine was discovered and everyone was vaccinated, the fight against the mosquito was relaxed. The United States, which has neither dengue nor yellow fever, is not interested in fighting dengue. Mexico also does not have dengue and is not interested. The other countries of South America do not have the investment capability that we have. For example, from March 1990 to March 1991 the federal government alone will have invested \$100 million in the campaign against the mosquito. That is a lot of money for a Paraguay or a Bolivia; moreover, they do not have a system for combating it such as we have. The campaign also needs to change its approach. We are fighting the mosquito today with tremendous discharges of highly toxic poisons into the atmosphere, and this cannot continue. We have to reduce the incidence of the disease and then treat it through health education, by getting people to avoid having any containers at home that could harbor the mosquito.

**Fernandes:** Mr. Minister, do you mean that with all of this investment and all of this organization at the state and municipal levels, if between now and summer—for

this is the new year, the time to make prophecies—the situation is repeated, would it then be because of incompetence?

**Guerra:** No, because it is absolutely impossible for us to be rid of dengue by next summer.

**Fernandes:** Will we have dengue again?

**Guerra:** We will have dengue, but its incidence will be much lower and will be tolerable.

**Fernandes:** By 1992, will Aedes aegypti have ceased to be the "muse" of summer?

**Guerra:** Yes, but we will undoubtedly still have cases of dengue. One aggravating circumstance is the fact that if a person who has had Type 1 dengue now gets Type 2 dengue, it will probably be in the form of hemorrhagic dengue, which is very dangerous.

**Fernandes:** On the subject of the private health care system, what do you have to say concerning health care contracts? It seems to me that the situation in that sector is almost as chaotic as that of the public health sector.

**Guerra:** The Constitution was very explicit when it gave them the opportunity to coexist with the public system, which has priority; they are a secondary alternative to the public system. They have the same difficulties that the public system has: a low level of investments; chaotic financing; inadequate training of their health professionals, with all the consequences that this can bring, including medical errors; and on the part of one segment of the medical community—a segment which, thank God, is constantly decreasing in size—a complete lack of discipline in its work.

**Fernandes:** Is there no way for the Ministry of Health to intervene in this question of private health care?

**Guerra:** The ministry has the duty of controlling the entire health care system, because it is a single system and the private system is merely supplementary. We have the authority to intervene and regulate.

**Fernandes:** Is there any way to put a stop to the exploitation that takes place in connection with the contracts?

**Guerra:** There is, and although it is more properly the province of the courts, the Ministry of Health can take action as soon as it believes this factor is present, precisely as it took action in the case of the medicines. When we discovered the abuse we went to court and filed a complaint, and the laboratories rescinded their price increases.

**Fernandes:** But even so, these laboratories seem to have too much power—the power to bring pressure to bear, which is almost a tradition in Brazil. We have always heard it said that the laboratories have the power both to give orders and to rescind orders. Is Brazil powerless to escape from this bondage to the laboratories?

**Guerra:** In the Third World these laboratories traditionally overthrow not just ministers of health but presidents of the republic. When they practiced these unwarranted price increases that are so perfectly characteristic of unbridled capitalism here in Brazil, they imagined they were in a Third World country and forgot that our president has a serious proposal to take the country into the First World. The reaction of the president of the Republic was that of a president of the First World, and he took action in the appropriate venue: in the courts.

**Fernandes:** But were the prices reduced?

**Guerra:** They were. All the laboratories—with the sole exception of Fontoura Whyte—did reduce their prices and acknowledge that they had in fact engaged in abusive practices. I did my part, by protesting the increases and mobilizing the public against them. The rest is up to the Ministry of Justice and the Economy, in the form either of a criminal action or merely a commercial action.

**Fernandes:** How can we free ourselves from this dependence on the laboratories?

**Guerra:** That is a source of concern for us. We have let them know that we have no phobia against their presence here in Brazil, and that on the contrary they need to invest here, develop their products here, and practice here the same capitalism that they practice in their countries of origin. In order that we may have a domestic counterpart here, we are making a large investment in the laboratories in the public sector, appropriating quite generous sums for their growth and development.

**Fernandes:** How large an investment?

**Guerra:** Last year more than 2 billion cruzeiros was invested in the public-sector laboratories. This year we are proposing to invest as much as three times that sum, and the Secretariat of Science and Technology will invest in the domestic private laboratories, so that there may be a balance. Nobody has any desire to exclude anyone.

**Fernandes:** In this connection, an accusation has appeared frequently in print in recent days to the effect that prices 25 times higher have reportedly been paid to laboratories....

**Guerra:** The source is not a good one. It is the journalist Janio de Freitas, who is always very superficial and does not check on the reports he receives. If the story were true—if that had happened—I would have to fire people here in the Ministry of Health, including managers of the Central Medical Supplies Exchange (CEME). The administrator of the very laboratory to which Janio de Freitas is referring—the Vital Brasil Laboratory—sent me a handwritten letter refuting the journalist's accusations. I indicated that I was satisfied, and asked that the CEME clarify the matter for the public.

**Fernandes:** But the journalist made a point-by-point rebuttal and offered at least some examples of prices that in fact had been increased by 25 times....

**Guerra:** Here is an example of his tendency to be superficial and ill-informed. Those prices are not the prices charged by Vital Brasil, according to what the president of Vital Brasil told me. My source is the president of that laboratory.

**Fernandes:** Throughout your first year as minister of health you have talked a great deal about cartels. Can you name these cartels?

**Guerra:** The principal resistance came from the medical associations. They put up a great deal of resistance, because their interests were affected.

**Fernandes:** Mr. Minister, if one or two years from now the public health situation is unchanged, does that mean you are incompetent?

**Guerra:** In one or two years there will be significant changes, of that I am absolutely certain. There is not the slightest possibility that these changes will not have taken place in one or two years, because I am not incompetent. I know myself well, and I am certain that this situation will change.

**Fernandes:** Concerning the issue of the murder of children, you have departed somewhat from the position of a minister whose point of view is strictly technical. It is a political move on your part. More than once you have become emotional when on political missions. Are you the president's "wild card"?

**Guerra:** No, I am not. In my capacity as a member of Congress I sometimes draw inferences from my administrative actions, but I bring the matter to a conclusion within a few hours because I make a complete report to Minister Passarinho. I am well disciplined in that regard.

**Fernandes:** Since your most recent actions there have been those who accuse you of being more of a "showman" than a cabinet minister....

**Guerra:** That accusation annoyed me greatly at first, but today I take it as one of the greatest compliments anyone can pay to the person of Alceni Guerra, who was able to overcome his timidity before the cameras and before an audience and today is accused of being a "showman."

**Fernandes:** You have already told us that the population of Brazil is less than the estimated figure....

**Guerra:** The surveys taken to determine the extent of vaccination coverage have confirmed that fact. When the data for population growth were obtained, it was discovered that the IBGE [Brazilian Institute of Geography and Statistics] was working with data that showed a 1.7 percent growth rate for 1990 and 1.56 percent for the next four years. Fifteen years ago we were working with a 3.5 percent rate and the ministry itself with a 1.5 percent rate. We retraced our steps and stumbled upon the greatest example of informal birth control in the world, a perverted and criminal method of birth control: we have 25 million women of child-bearing age who have been sterilized....

**Fernandes:** By whom, Mr. Minister?

**Guerra:** Partly in campaigns of a political nature that support sterilization, and partly—and this is a more serious accusation—by the fact that there are 15 international organizations that fund the tying off of a woman's fallopian tubes.

**Fernandes:** What organizations, Mr. Minister?

**Guerra:** I'll name some of them. The Ford Foundation, the International Federation for Family Life Promotion, the Rockefeller Foundation, the Population Council, USAID, IBRD, Pathfinder, WHO, IDB, Paho, IPPF, and UNFPA are the organizations that have agreements with Brazilian organizations such as Benfam, Provida, CLAM, Pro Familia, IBASE [Brazilian Institute of Social and Economic Analysis], Propater, Renumi, CPAIM, SAMEAC, ABEPF, UPFSP, and CPAIMC. And there are more. Another crime is the 2 to 3 million abortions that take place annually....

## COLOMBIA

### Health Official Reports on First Case of Cholera

PA1203165591 Bogota Inravision Television Cadena 1  
in Spanish 1730 GMT 11 Mar 91

[Text] Antonio Iglesias, director of the National Health Institute, reported to Cinevision newscast on the first case of cholera in Colombia. He disclosed the name of the person infected with the disease—Juan Bautista Prado—and commented on the possibility of the epidemic spreading in our country.

[Begin Iglesias recording, in progress] ...the first case of cholera in Nariño Department. The person infected had come from Ecuador and received the necessary medical attention in the town of Tumaco.

2. The aforementioned case was reported and treated immediately. As a result, the patient is out of danger. This shows the effectiveness of the preventive measures taken by the government.

3. We are now requesting all government agencies—particularly prevention and disaster relief agencies as well as the regional health services and the regional and local emergency committees—to enforce the necessary measures to prevent the disease and provide medical attention, as required. [end recording]

## COSTA RICA

### Widespread Measles Epidemic Feared

91WE0230A San Jose LA NACION in Spanish  
7 Feb 91 p 5

[Article by Maria Isabel Solis]

[Text] Guapiles—At least 12 cases of measles have been reported in the Pococi district in recent days, forcing

local health authorities to begin a massive vaccination program.

The alert was issued after a seven year old girl died from measles-related complications.

According to Drs. Leonardo Kikut and Luis Fernando Alvarez—health ministry officials in the Atlantic area—emergency measures have been adopted throughout the entire region, as cases have also been diagnosed in Siquirres and Matina.

In the Guapiles hospital, preparations have been made to immunize personnel who are in contact with the patients, according to reports by staff pediatrician Dr. Mayra Perez Herra.

All children between the ages of six and nine months are being immunized with a vaccine which protects them exclusively from measles. Children over the age of nine months are being given a combined vaccine which protects them from measles, rubella, and mumps.

Dr. Leonardo Maranghelo, director of the epidemiology department of the ministry of health, said that vaccination coverage in Costa Rica is high, but he feels that measles outbreaks occur on a cyclical basis, and affect persons who for some reason have not been immunized.

He stated that in order to block the spread of measles in Guapiles, the major town of Pococi, 4,000 doses of vaccine were shipped yesterday, and an additional 25,000 doses are scheduled to be sent to the country.

On Monday and Tuesday people crowded into the Pococi health center to be vaccinated against measles. The local radio station and the social security clinics were used to inform people that every child over the age of six months should be immunized.

One concern of local health authorities is that at the present time vaccinations are not being provided in the most remote districts, because of the strike by primary health care providers throughout all of Costa Rica since last Friday.

According to Dr. Alvarez, the situation is especially disturbing as, in addition to measles, cases of malaria and hepatitis have also appeared in recent days.

#### **Nationwide Measles Vaccination Campaign Called 91WE0230B San Jose LA NACION in Spanish 8 Feb 91 p 8**

[Article by Maria Isabel Solis]

[Text] Yesterday three women and one man were diagnosed with measles at the San Juan de Dios Hospital. Specialists say this is an indicator that the disease has reached the capital.

Health professionals fear that an epidemic similar to the one in 1986 could arise. In that epidemic, there were about 11,000 cases and 18 deaths. To date, cases of measles have been diagnosed in Alajuela, Pococi, Matina, Siquirres, Tres Rios, and the last four were in Aserri, Hatillo and Acosta.

The health authorities have asked parents to bring in all children over the age of six months to be vaccinated. They are also giving vaccination shots to anyone who has not previously been immunized against measles.

The director of the San Juan de Dios Hospital, Dr. Otto Valverde Acosta, told LA NACION that the patients with measles came from Aserri, Acosta and Hatillo. They were hospitalized, he said, because measles are also associated with other illnesses.

The hospital director said he has begun to work with ministry of health personnel on preventive measures to stop the spread of the measles virus.

The director of the National Children's Hospital, Dr. Edgar Mohs Villalta, reported that as of yesterday, there were no children with measles in that hospital. He did say, though, that in January and February they treated eight cases, including the seven year old girl from Guapiles who died from measles-related complications.

During 1990 only 12 persons with measles were treated.

The pediatrician explained that any child over the age of six months who is hospitalized is being immunized. In addition, gamma globulin—a protein offering immediate protection from the virus—is being given to infants in the hospital who have been in contact with persons with measles.

This reporter was unable to reach ministry of health officials to speak with them about this emergency; it has been reported, though, that the vaccination campaign for children over six months and for adolescents who have not been immunized has been intensified.

In Guapiles, striking primary care workers have agreed to help with the vaccination campaign.

Freddy Parrales, LA NACION's correspondent in the south, reported that measles vaccinations have been suspended in that region.

#### **CUBA**

#### **Peruvian Minister Comments on Cholera Epidemic**

*FL1303132091 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0100 GMT 13 Mar 91*

[Interview with Peruvian health minister by unidentified reporter; place and date not given—recorded]

[Text] **Reporter:** Do you believe that the cholera epidemic that is currently affecting Peru is the result of a local health situation or is it a regional problem affecting all of Latin America?

**Health minister:** I believe it is a problem affecting all of Latin America because a cholera epidemic is the result of poverty and poor sanitary and living conditions. The majority of Latin American municipal districts lack running water, adequate waste disposal systems, sewage systems, sanitary systems, that is, health habits. This general situation makes the outbreak of epidemics more viable.

This is a generalized situation that is due to Latin American structural problems. We must overcome them not merely through the implementation of urgent sanitary or medical attention programs—as would be Peru's case—but through the implementation of structural programs which demand large investments and all-encompassing policies and not just half measures. We can solve urgent problems with rehydration salts and antibiotics, but the basic problem demands investments and it is closely tied to socioeconomic development.

## ECUADOR

### Cholera Epidemic Strikes Loro, Esmeraldas Provinces

PA1803163891 Quito Radio Quito in Spanish  
2300 GMT 7 Mar 91

[Text] Health officials have reported that three people have died already and more than 40 have been stricken with cholera. It has been five days since the first case of cholera was detected in Machala, Loro province. On 6 March, Health Minister Plutarco Naranjo toured the Machala area to verify the implementation of measures to prevent the disease from spreading.

Delfina Torres de Concha hospital officials have reported that the lethal cholera disease has already reached the Esmeraldas Province and taken its first victim. The hospital workers have also demanded that the government pay them more than 15 days in pending wages [words indistinct]. Health authorities believe people from Loro and other provinces brought the cholera disease to Esmeraldas. Unfortunately, neither the city nor the province of Esmeraldas are prepared to face such an emergency. The area lacks the required basic services, such as running water [words indistinct], the hospitals do not have the medicines needed to attend the patients [words indistinct], and, what is worse, the workers, doctors [words indistinct]. Currently, two cases are being attended at the Delfina Torres de Concha Hospital and another case at the Lidia Clinic.

### Minister of Health Says Cholera Epidemic 'Under Control'

PA1803195091 Hamburg DPA in Spanish 1848 GMT  
16 Mar 91

[Text] Quito, 16 Mar (DPA)—Ecuador stressed today that all its main exports, including coffee, cacao, and shrimp, are "absolutely safe and guaranteed" because they have not been affected by the cholera from Peru, which is quickly diminishing.

Not a single case has been detected in the past five days. Thus, the official figure of cholera cases remains at 44. However, the local press has mentioned up to 146 cases, with three deaths. Health Minister Plutarco Naranjo said today that "the figures of this outbreak have been irresponsibly exaggerated."

Naranjo and Foreign Minister Cordovez met with the ambassadors accredited in Quito to inform them of the current status of the cholera in Ecuador, 20 days after the appearance "of a small outbreak that is already fully under control."

Naranjo and Cordovez reported that the three centers of infection, located in the southernmost tip of the country on the Peruvian border, have already been isolated and their residents—mostly fishermen—have been placed in quarantine. The risk of new outbreaks of cholera "has been practically eliminated," Naranjo said. However, he admitted the possibility of the appearance of "some isolated case."

The areas of production, packaging, and loading of Ecuador's export products are located far from the three centers from which the cholera epidemic began to spread. The epidemic began to spread from Peru, where more than 6,000 cases have been reported, with approximately 300 deaths.

"You, who are familiar with Ecuador, know that there is no danger for exports," Cordovez told the heads of foreign missions. Meanwhile, Health Minister Plutarco Naranjo reiterated to the ambassadors the government's request to prevent the outbreak of cholera from being exaggerated.

All those infected, except two, have already been released from the hospital after being rehydrated. "Despite the fact that no case of cholera had been reported here in more than one century, we were prepared to face an outbreak in the best possible way," Health Minister Naranjo concluded.

## GUYANA

### Health Ministry Advises Anti-Cholera Precautions

FL1803145591 Bridgetown CANA in English  
1723 GMT 17 Mar 91

[Text] Georgetown, Guyana, March 17, CANA—The Guyana Health Ministry has advised citizens to take

necessary precautions against cholera and other enteric diseases. The warning came in the wake of an outbreak of cholera in Peru that has claimed several lives.

Last week, the authorities announced that all food entering Guyana from Peru would be held for inspection. In addition, Peruvian food already on the market was recalled. The Health Ministry advised citizens to wash their hands properly before meals, avoid raw or half-cooked foods, and to use boiled, or treated drinking water.

The Ministry said it was issuing the anti-cholera precaution because many areas here were highly susceptible to the disease because of unsanitary conditions. Port Health and other relevant agencies were asked to step [up] vigilance to prevent the introduction of the disease here.

## PARAQUAY

### Peruvian, Ecuadoran Imports Banned for Fear of Cholera

PY1203215391 Asuncion ABC COLOR in Spanish  
12 Mar 91 p 24

[Text] The Ministry of Agriculture and Livestock yesterday issued Resolution No. 79 which temporarily bans the imports of seafood from countries affected by cholera, such as Peru and Ecuador.

This resolution affects the import of fish, shellfish, and crustacea which may be the cause of the cholera epidemic that is affecting those two Andean countries.

The Agriculture and Livestock Ministry resolution bans the import of those products either raw, chilled, or frozen from those countries affected by cholera.

The resolution signed by Agriculture and Livestock Minister Raul Torres. It states that this is a temporary measure to safeguard the health of the Paraguayan people against the possible outbreak of cholera in our country.

## PERU

### Measles Outbreak in Madre de Dios Department

PY0903015891 Lima EXPRESO in Spanish 2 Mar 91  
p 12

[Summary] Cusco—As a result of a measles epidemic in Shiontuya, a village in Atalaya District, Madre de Dios Department, five children have died and at least 500 more are suffering from the illness.

### Paraguayan Charge Summoned Over Cholera Incident

PY2802201091 Lima RTP Television Network  
in Spanish 1800 GMT 28 Feb 91

[Text] Foreign Minister Carlos Torres y Torres Lara summoned the Paraguayan charge d'affaires yesterday to convey the concern of the Peruvian Government over Paraguay's decision not to allow the Cerro Porteno and Colegiales soccer teams to play in Peru due to the possibility of cholera contamination.

The Paraguayan official was informed that the Peruvian Government promises to make every effort to provide the best health protection to the soccer teams.

### Cholera Epidemic Updated; 45,000 Cases Reported

PY0403162491 Madrid EFE in Spanish 2127 GMT  
3 Mar 91

[Excerpts] Lima, 3 Mar (EFE)—Nearly 12,000 cases of cholera have been reported so far in Chimbote, a port in northern Peru, although there has been a 30-percent decline in new cases over the last three days.

A spokesman for local health officials reported that 11,868 cases of cholera have been reported in Chimbote since the cholera epidemic broke out in that city—one week after it began in Chancay—and that 3,307 victims have been hospitalized. [passage omitted]

News media have reported that 54 Army officers, NCO's, and soldiers have been hospitalized at the local central hospital in the northern department of Tumbes. It has also been reported that 40 people have died from cholera in Piura, a department bordering Tumbes and Ecuador.

The Peruvian Government reported on 1 March that 45,000 people were suffering from cholera and that 193 people had died.

### Cajamarca Reports 1,400 Cases of Cholera, 62 Deaths

PY0903155291 Lima Radio Nacional del Peru  
Pachacuteq Network in Spanish 1200 GMT 9 Mar 91

[Summary] Deputy Francisco Palomiro Garcia has reported that 1,400 cholera cases have been detected in Cajamarca; of this number, 62 have been fatal.

### IDB Donation To Help Fight New Cholera Outbreak

PY0803204791 Lima RTP Television Network  
in Spanish 1100 GMT 8 Mar 91

[Excerpt] Health Minister Carlos Vidal Layseca announced that the Inter-American Development Bank [IDB] has approved a \$1-million donation to fight a new

cholera outbreak in Peru, and that the Economy and Finance Ministry has also assigned funds for the fight.

Minister Vidal Layseca announced this after attending a meeting with the Senate Health Committee. He confirmed that there is a new cholera outbreak in Lima, Callao, and Trujillo. There are many new cholera cases in Trujillo.

Minister Vidal Layseca insisted that eating seafood and green vegetables is the main cause for the outbreak. He said they can only be eaten after being well cooked and under strict sanitary conditions.

The health minister announced a countrywide sanitation campaign to assist some 350,000 families and to distribute quicklime and chlorine.

He also said that the Economy Ministry has assigned \$2 million to fight the new cholera outbreak. [passage omitted]

### Argentina Lifts Restrictions on Some Peruvian Imports

PY2203014491 Lima RTP Television Network  
in Spanish 1800 GMT 20 Mar 91

[Excerpts] Argentine Foreign Minister Guido Di Tella today announced that Argentina has lifted restrictions on the importation of Peruvian thermo-processed [termo procesados] products. Di Tella spoke with the media after visiting cholera patients at Loayza Hospital. [passage omitted] [Begin recording]

**Di Tella:** Yes, Argentina did adopt some preventive measures on Peruvian imports, but we now think that some of the restrictions can be lifted. We are willing to lift some restrictions as soon as possible, when the two parties reach an agreement.

**Reporter:** What Peruvian imports will no longer be prohibited in Argentina?

**Di Tella:** Well, all thermo-processed products. A resolution was recently issued lifting restrictions on such products, especially after an inspection of the processing plants demonstrated that there are no problems. This has already been decided, and the measure is already in effect.

**Reporter:** When was the restriction lifted?

**Di Tella:** Within the past few days. [end recording]

### No Explanation Given in Health Minister's Resignation

PA1503125091 Madrid EFE in Spanish 0428 GMT  
15 Mar 91

[Text] Lima, 14 Mar (EFE)—An official source confirmed today that Peruvian Health Minister Carlos Vidal

Layseca has resigned from his post, following a seven-week period during which a cholera epidemic in the country has affected over 70,000 people.

Vidal, who has held the post for slightly more than seven months, will be replaced by Dr. Victor Yasimoto, who today visited the Health Ministry, the source added.

Vidal, as well as Carlos Torres, Peru's prime minister and foreign minister, refused to make any statements with regard to this issue at a seminar on cholera at a Lima university.

"I have no statement to make," Torres said. "I have no comment," Vidal said, when both were asked by reporters about the reason for the Health Minister's resignation as the country faces a cholera epidemic of unforeseeable consequences.

The health minister delivered a speech that his top aide in the struggle against cholera, Deputy Health Minister Victor Cubas, said was "equivalent to a farewell."

According to official sources, Vidal resigned because President Fujimori expressly countermanded his campaign against the consumption of raw fish in the form "ceviche," the most popular national dish.

Fujimori on repeated occasions ate raw fish in a campaign to counter international rejection of Peruvian food products prompted by fear of cholera, something that can represent export losses to this country of approximately \$300 million, Vidal remarked.

The outgoing minister added that he is being held responsible for the rejection of Peruvian products and the sharp drop in tourism revenue. He justified his campaign against fish on the fact that a majority of low-income Peruvians can only get "ceviche of the poor," prepared with species from coastal waters contaminated with urban sewage that can transmit the cholera.

Vidal reported that he had been asked to describe the epidemic as "an acute diarrhea of unknown origin," but added he "could not hide the truth from the world," chiefly when "the cholera can become endemic in Latin America."

The cholera epidemic was officially confirmed in Peru on 4 February and since then, according to Vidal, 71,811 cases have been diagnosed; of these cases, 19,000 have required hospitalization and 300 persons have died.

### Health Minister Denies Resignation Reports

PY1603014891 Madrid EFE in Spanish 0115 GMT  
16 Mar 91

[Excerpt] Lima, 15 Mar (EFE)—Peruvian Health Minister Carlos Vidal denied today that he had resigned due to rumors that have circulated on his disagreement with President Alberto Fujimori on methods of combating the cholera epidemic that is ravaging the country.

"I have not resigned. Rumors to that effect are false," Vidal told EFE. [passage omitted]

### New Health Minister Takes Oath of Office

*PY1803193091 Lima RTP Television Network  
in Spanish 1818 GMT 18 Mar 91*

[Text] **Announcer:** This is a direct report from the Golden Hall of Government House, where the new health minister is taking the oath of office.

**Unidentified official,** in progress: ...Health Minister Carlos Vidal Layseca, thanking him for his valuable service to the nation. It is so ordered.

**Announcer:** Peruvian President Alberto Fujimori will now administer the oath of office to Dr. Victor Yamamoto Uyakawa, who will take over as the new health minister. Dr. Victor Yamamoto, 48, is a pediatrician who graduated from the Greater University of San Marcos. He took postgraduate courses in Japan and served as deputy director of the Cayetano Heredia Hospital. He is currently teaching at the Greater University of San Marcos and holds the post of director of the Jesus Maria Polyclinic.

**Unidentified official,** in progress: ...Peruvian Constitution, it is hereby decided to appoint Victor Yamamoto Uyakawa as the new health minister. It is so ordered. Signed by the president of the nation and the chairman of the council of ministers.

**Fujimori:** Dr. Victor Yamamoto, do you swear by God and the Holy Bible to serve loyally and faithfully as minister of state in charge of the health portfolio which I hereby entrust to you?

**Yamamoto:** I do.

**Fujimori:** Should you do so, may God reward you. If you do not, may you answer to Him and the fatherland. [applause]

**Announcer:** Thus, Dr. Victor Yamamoto Uyakawa is the new health minister, replacing Dr. Carlos Vidal Layseca. This has been a direct relay from Government House, where many public officials and friends and relatives of the new ministers have gathered. The other members of the cabinet are now greeting their new colleague. Dr. Yamamoto Uyakawa is a pediatrician with 25 years of experience.

### Fujimori Investigates Lima Water Shortage

*PY1803031091 Lima RTP Television Network  
in Spanish 0100 GMT 18 Mar 91*

[Text] This afternoon President Alberto Fujimori visited the La Atarjea water treatment plant, where he learned that good progress has been made in unclogging intake screens and that the water intake level has increased from 10 to 14 cubic meters. Conveying his concern over the shortage of potable water that is affecting Lima, Fujimori said the water supply will soon return to

normal as a result of action coordinated with the Housing Ministry. [Begin Fujimori recording]

Like all Lima residents, I am concerned about the water shortage. Things are better today in comparison to yesterday as far as the intake level is concerned; from 10 cubic meters per second, we are now getting 14 cubic meters per second. The normal intake level is 15 cubic meters per second; that is, 15,000 liters per second must go through this screen so the water supply can return to normal.

We are already processing 14,000 liters per second thanks to the coordinated work of this group of workers, who are cleaning the screens. To tell the truth, there has been some negligence because no effective cleaning was carried out. Thanks to this well coordinated action, we believe the water supply will return to normal in the next few days. [end recording]

### Argentine Foreign Minister Meets Fujimori in Lima

*PY2003222191 Buenos Aires TELAM in Spanish  
2008 GMT 20 Mar 91*

[Article by special correspondent Silvina Scheiner]

[Text] Lima, 20 Mar—Argentine Foreign Minister Guido Di Tella today met with President Alberto Fujimori. He expressed the solidarity of the Argentine Government with the Peruvian people over the cholera epidemic that is affecting this country and stressed to the media the consolidation of the Latin American democracies.

Di Tella made this statement to the media at the end of his visit to Lima, where he met with Fujimori. Di Tella also spoke about regional integration issues.

The Argentine foreign minister was asked about a report in a Brazilian newspaper which states that Brazil has rejected two Argentine proposals that advocated intervention by the Southern Cone countries Armed Forces in case of a coup d'état. He replied that such a report or proposal does not in any way reflect the thinking or the planning of the Argentine Government.

The Argentine foreign minister stressed that Latin American democracies are consolidated to a point where there is no need to consider such projects.

Regarding his meeting with President Fujimori, Di Tella said they discussed a possible visit by Fujimori to Argentina at the end of 1991 or early in 1992.

The Argentine foreign minister said he came to Lima to express Argentine solidarity with a country that is suffering. The subject of cholera is being well publicized and everyone is aware of it in other Latin American countries.

He said that any country within the American continent could be hit by an illness like cholera, so no one can ignore it and say that it will not happen in his country.

Asked about the charges of corruption against the Argentine Government, as published in the European media, Di Tella said that such reports do not affect Argentine relations with other countries or the Argentine Government's credibility, since such reports are unfounded.

Di Tella also labeled as preposterous the report that Eduardo Menem is plotting to overthrow his brother, President Carlos Menem.

### TRINIDAD & TOBAGO

#### Malaria Outbreak Mobilizes Government

FL1803183991 Bridgetown CANA in English  
1417 GMT 18 Mar 91

[Text] Port of Spain, Trinidad, March 18, CANA—The first outbreak here of the mosquito-borne disease

malaria in 25 years has triggered a government-ordered insecticide spraying campaign in a South Trinidad village.

The Ministry of Health ordered the internal and external spraying of all homes in the village of Icacos, after finding several cases of malaria there. The Ministry said that several persons, including two children, infected with malaria were now under doctors' care. No deaths have resulted. Blood smears of Icacos villagers are being taken for the laboratory examination.

Chief medical officer, Dr. Roderick Doogdeen, said the recent outbreak is the first since Trinidad and Tobago was declared a malaria-free country in 1965. The Ministry has sent out circulars advising of measures to reduce the risk of contracting malaria—a disease which is transmitted only through the bite of infected anophelles mosquitoes.

The symptoms of malaria are fever, chills and nausea.

**BANGLADESH****Epidemic of Children's Diseases in North Dhaka THE BANGLADESH OBSERVER in English 5 Jan 91 p 9**

[Text] Rajshahi Jan 2—At least five children have died in the Rajshahi Medical College Hospital during last five days when fatal child diseases broke out in the northern region, RMCH sources said, reports UNB.

The hospital is facing a rush of sick children, of one to 10 years of age group. They are attacked with diarrhoea, pneumonia, acute bronchiolitis, blood cancer, kalazar, rheumatic fever and jaundice, doctors said.

Dr. A.B. Siddiqui, one of the two medical professors, looking after the child ward of RMCH, expressed concern at the spread of the diseases. Even children aged one or two years are being affected by blood cancer, he said.

At least 10 critical diarrhoeal patients and about same number of babies afflicted with cold-related diseases on an average are admitted into the child ward everyday. Northern districts have been under a coldspell for about a fortnight.

**Accommodation problem**

But the situation in the lone child ward of the hospital is shocking, witnesses said. Only critical patients are being admitted because of accommodation crisis.

There are only 40 seats in the ward while 80 to 100 critically sick children are admitted everyday.

More than half of the sick babies are lying on the floor.

Even the diarrhoea-affected children and those suffering from other diseases have been kept in the same ward. The ward is very dirty and not washed even in a week, attendants said.

When asked, Prof. Siddiqui, a pediatrician, admitting the miserable situation said at least another ward, excepting the surgical one, is of urgent need to cope with the rush. He however, said the authorities had no plan to expand the child health section of RMCH, although there is an ample scope for it.

There is a very little supply of essential medicines to the patients. Almost all medicines the doctors prescribe have to be purchased from outside at exorbitant prices.

There is no problem with those who can afford the medicines. But for many, it tells heavy. Ceporin, a syrup needed for a baby suffering from acute respiratory congestion caused by cold, now sells at Tk. 75 against its normal of Tk. 33.

Dr. Siddiqui said authorities should take urgent measures to resolve these problems facing the child ward for saving thousands of children falling victims, to the killer diseases.

**Brahmanbaria**

Stomach ailments have showed an alarming rise following rampant consumption of adulterated foodstuffs in Brahmanbaria district.

Doctors said that patients with intestinal disorders are pouring into their chambers and about 50 percent of the children of the area are suffering from diarrhoea, dysentery and malnutrition.

**Jhenidah**

About 1,000 people, mostly children, were attacked with blood dysentery and diarrhoea, in all the 6 upazilas of Jhenidah district during the last fortnight.

Most of the affected children are aged between 2 to 10 years, sources said.

A large number of patients are crowding local hospitals, clinics and chambers of private practitioners in Kaliganj, Sadar, Kotchandpur, Moheshpur, Harinakundu and Shailkupa upazilas.

Paucity of safe water and adulterated foodstuffs were attributed to the spread of the diseases.

**Sylhet District Reports 15,000 Leprosy Cases**

91WD0452 Dhaka THE BANGLADESH OBSERVER in English 12 Jan 91 p 9

[Text] Maulvibazar, Jan 9—The number of leprosy patients is increasing at an alarming rate throughout greater Sylhet district. The people living in different tea garden areas are the worst sufferers.

According to a report, about 15,000 leprosy patients have been detected in the greater Sylhet district, of them 3272 alone are suffering from leprosy in the Maulvibazar district.

The Leprosy Hospital at Vanuganch under Kamalganj Upazila of the district managed by HEED Bangladesh with its two sub-centers, at Taliapara under Habiganj district and Brammonbazar under Kulaura upazila have been rendering yeomen's service to the leprosy patients since its inception.

Meanwhile 510 patients have been treated while 50 patients are still under treatment.

There is no other leprosy clinic or hospital for proper treatment of leprosy patients. As a result, treatment facilities are quite insufficient to cope with the demand of innumerable patients.

It appears that leprosy patients are also suffering from T. B. People between the age of 15 to 30 are mostly affected by the diseases.

### Smuggled Cattle Blamed for Epidemic

Dhaka THE BANGLADESH OBSERVER in English  
31 Dec 90 p 9

[Excerpt] Manikganj Dec 29—Cattle diseases claimed at least 500 animal lives during the last three months hampering cultivation in the district, according to farmers, reports UNB.

Cattle with various diseases, smuggled into the country from across the border, are said to have carried the germs which spread to the different places of the country.

The District Livestocks Officer admitting the deaths of the cattleheads said recently in an operation on a truck-load of smuggled Indian cows, it was found that 50 percent of the cows have contagious diseases. The cows were on their way by truck to Chittagong and Dhaka, he said.

He feared that if the authorities do not stop the smuggling of Indian cows into the country, the diseases will get out of control.

Cattle diseases claimed 600 animals and attacked more than 2,000 during the last fortnight in Savar.

Gangutia, Balia, Kasura, Kalampur, Asolia and Shimolia under Savar and Dhamrai upazilas are among the worst-hit areas, according to source. The diseases are spreading to new areas due to alleged measures taken by the authorities to combat the menace.

Lack of preventive medicines in local veterinary hospital has aggravated the situation.

### IRAQ

#### Red Cross, Japanese Organization Sending Aid

NC1703153491 Amman JORDAN TIMES in English  
17 Mar 91 p 3

[Text] Amman—Over 250 tonnes of wheat flour and lentils and 25 tonnes of medicine left Amman Saturday in the largest relief convoy to leave for Baghdad since the eruption of the Gulf crisis on Aug. 2.

According to the International Committee of the Red Cross (ICRC) officials, the convoy of 30 trucks is accompanied by 33 buses to be placed at the disposal of ICRC delegates in Baghdad to "transfer prisoners of war and civilian victims of war."

The shipment also includes a camp module which will be installed in Baghdad and will house 5,000 people at any given time.

"This is our fourth and our largest relief convoy to leave Amman to Baghdad since we started operating after the end of the Gulf war," Michel Schroeder, press attache of the ICRC delegation in Amman, told the Jordan Times.

The biggest problem facing relief projects in Iraq, Mr. Schroeder said, is sanitation. "Our problem is how to make it work again. We need fuel for generators and water purification lines," Mr. Schroeder said, adding that Saturday's convoy is also carrying 100 tonnes of diesel for fuel and two extra ICRC delegates bringing the number of sanitation engineers so far sent to Baghdad to 11 and the total number of ICRC delegates to 40.

He explained that there were only two working sanitation lines left in Baghdad and that efforts are underway to try and repair others as well as fixing generators in the electricity-deprived city.

The convoy, according to the ICRC spokesman, is carrying three extra sanitation lines, generators and spare-parts.

Mr. Schroeder said the shipment of food, approved by the United Nations Sanctions Committee, will be placed at the disposal of the ICRC delegation in Baghdad and "is intended for the civilian population there." He added that the relief was being sent to Baghdad as "part of the humanitarian law under the Geneva convention which supersedes the Sanctions Committee."

"As a relief organisation we give prevalence to the Geneva convention which was adopted by all states," Mr. Schroeder said.

Doctors from the Paris-based medical relief group Medecins Sans Frontieres returned from Baghdad on Friday, saying more Iraqi children could die unless health conditions improve soon.

They spoke of malnutrition among children, deaths from intestinal disease and mothers and infants dying in childbirth.

Iraq said this week typhoid and cholera were spreading in the country and appealed for urgent medical supplies.

Water and sewage systems were smashed by allied bombing and many residents are taking water from the polluted Tigris River. The World Health Organisation says Baghdad's main water supply is providing five percent of its pre-war level.

Aid agencies are worried epidemics could break out once the weather warms, normally by the end of March.

In the midst of much anxiety about the spread of epidemics in Iraq, Rissho Kosei-kai [as published] (Japanese Buddhist organisation) is sending emergency supplies worth \$150,000 to children and mothers in Iraq. The convoy will leave Amman on Sunday, March 17. The food and medical supplies will be transported by the Jordanian Red Crescent Society and will be distributed by the Iraq Red Crescent Society. The shipment includes powdered milk (20 tonnes), wheat flour (30 tonnes), 3 generators, and essential drugs and medical equipment such as sutures.

**Polish Aid to Belorussian Chernobyl Victims**  
*91WN0242A Warsaw SLUZBA ZDROWIA in Polish  
 No 1, 6-12 Jan 91 p 5*

[Article by Jerzy Tuszyński: "Children of Chernobyl"]

[Text] Almost five years have now passed since the nuclear explosion in Chernobyl, the yield of which was several dozen times higher than the power of the bomb which was dropped on Hiroshima. By now, the world has learned a lot about it, whereas those hurt the most, the residents of Belorussia, know, or at least knew until recently, the least. They are the ones who suffered the most because 70 percent of the radioactive fallout came down on these areas.

The disaster occurred on 26 April 1986. On 30 April, thousands of local children were taken to the fields to sort potatoes. On 4 May, livestock was removed from the contaminated areas, and children were taken away as late as six days later. This sequence of actions resulted from the concealment of the extent of the accident by the center and local authorities, and neglect for the consequences. The results are such that, for example, the health of half a million Belorussian children and 200,000 Ukrainian children has been affected. Information about these children is known but there are still no data of any kind on the little residents of Russia despite it no longer being a secret that at the time two radioactive clouds traveled to these parts.

Hanna Kwasniewska wrote in the Toruń daily NOWOSCI on the basis of a conversation with the Soviet journalist Svetlana Savrasova: "The Belorussians...do not know the truth about their own health condition. Special medical teams come from Moscow to draw their blood for medical studies. They take blood samples, and sometime later the results of the tests arrive. Of course, they are as good as can be. Meanwhile, they are sick, they still eat sick foods, tread on sick land, and give birth to sick children."

Doctor Khenyad Khrushavy set up the committee "Children of Chernobyl" in Minsk as recently as last year, when they began to discuss the disaster and its consequences more openly in Belorussia as well. Wiktor Stachwiuk, the authorized representative of the Polish Committee "Children of Chernobyl" established in Białystok, said the following about the Belorussian originator and the goals of the movement in an interview by Anna Bockowska published in GAZETA WSPOLCZESNA: "He was aware of the fact that the tremendous scale of need exceeds the potential of the Belorussian people themselves. Belorussia is on the eve of an economic crisis. The political and economic situation in the Soviet Union is complex and difficult. This is why the operation of the Belorussian 'Children of Chernobyl' committees was geared primarily to getting foreign societies interested in the problem.

"...The victims of Chernobyl were left alone with their grief. Nothing else remains for them to do but scream loudly for the good and the lives of all people."

In the USSR, some of the Belorussian children were moved to healthy areas. However, skimpy knowledge of the consequences of exposing people to radiation has brought about children from Chernobyl being treated as plague-stricken! They have not been allowed to play with others, and they have had to eat and drink in seclusion. They were completely segregated. Meanwhile, the objective is for as many children as possible to eat healthy bread and drink pure water as soon as possible. If it is possible, it is possible in Poland. This was the dream of Svetlana Savrasova which has begun to come true.

The Polish "Children of Chernobyl" Committee in Białystok has begun to organize the stays of small groups of Belorussian children in Poland since the beginning of last year's school breaks, in response to appeals from across the adjacent border and in coordination with the Orthodox Church. In Białystok itself, 350 children stayed, and in the entire country more than 2,000.

Of course, this school-break action does not close the issue. For example, the Department of Health and Social Welfare in Toruń is organizing the stay of another 100 children from Belorussia who will be hosted here by the OPEC and TOWIMOR enterprises. Private individuals are also signing up to provide care and help. In Białystok, the local Committee "Children of Chernobyl" intends to approach the city authorities for help in creating a care and health-maintenance center for children under seven, those who could not come last year. A recreation center for young people with a full set of facilities will also be created. Professor Andrzej Kalicinski, senator of the Republic of Poland who is also chairman of the committee, suggests that a special research facility be set up which could find ways to treat the children of Chernobyl because until recently medical science knew little about radiation sickness.

The never-ending appeal to our society for help for the victims of the greatest ecological catastrophe of modern times continues. It is addressed in particular to rural residents because for the children of Chernobyl staying precisely where the air and the surroundings are the healthiest would be best. There is still time remaining until the next break, enough time to make possible preparing places for recreation for the youngest.

**Belorussia Adopts Chernobyl Compensation Law**  
*LD2602205191 Moscow TASS International Service  
 in Russian 1845 GMT 25 Feb 91*

[Article by TASS correspondents Vladimir Glod and Aleksandr Kryzhanovskiy]

[Text] Minsk, 25 Feb (TASS)—A law "On the social defense of citizens who suffered from the catastrophe at the Chernobyl nuclear electric power station [AES]," has been adopted in Belorussia.

A quarter of the territory of Belorussia, on which more than 2 million people live, was affected by radionuclides. In the 3 years since the accident, the general rate of developmental defects among the newly born in the republic increased by 18 percent, and in strictly monitored areas of Gomel and Mogilev oblasts, the increase is even greater. The law will not only protect inhabitants of "sick" land, but will also help save the future of the Belorussian nation—in 1988, 63.3 percent of the children born in the republic were completely healthy, in 1989, only 53.3.

The law defines four zones, in accordance with the density of whose radioactive pollution an evacuation will take place, where compensation payments will be made for living in stricken territories, and social benefits for troubleshooters [likvidator] will be allocated.

The most complex issue is where to find the roughly R6 billion necessary to implement what has been planned. The republican budget deficit amounts to R3.5 billion. The resolution on bringing the law into effect says that all expenditure linked with its implementation will be compensated to the republic by means of resources from the Union budget, and the Belorussian Council of Ministers is instructed to take the specific steps necessary.

There are still several documents in the "Chernobyl" package of the Belorussian parliamentarians. The next of these on the agenda is the law "on the status of territories stricken as a result of the Chernobyl AES catastrophe."

#### **Case of Bubonic Plague Discovered in Donetsk**

*LD2602100491 Moscow Central Television First Program Network in Russian 0900 GMT 26 Feb 91*

[From the "Television News Service" program presented by Tatyana Mitkova]

[Text] For the first time since the beginning of the century a case of bubonic plague has been discovered in Donetsk, Interfax reports. The patient has been isolated. He is a visitor from Azerbaijan, and doctors say that fortunately there is no danger of the infection spreading.

#### **Belorussian Supsov Adopts Protection for Chernobyl Victims**

*LD2602101291 Moscow Domestic Service in Russian 1900 GMT 25 Feb 91*

[Text] The Belorussian parliament today adopted a law on the social protection of citizens who suffered as a result of the Chernobyl Nuclear Electric Power Station accident. It is based on a concept worked out by Belorussian scientists. It differs substantially from the concept worked out by the USSR Academy of Sciences Institute of Radiation Medicine which was accepted by the USSR Council of Ministers State Commission on Emergency Situations.

The permissible maximum radiation dose must now not exceed 0.10 rems a year. Before this figure was 0.5 rems. The law defines four zones, depending on the density of radioactive pollution, where evacuations will take place. Compensation will be paid for living in the affected areas and social benefits will be distributed.

The decision on putting the law into effect states that the republic will be indemnified for all expenditures connected with implementing the law from union budget resources. The Belorussian Council of Ministers has been instructed to adopt specific measures necessary for this. The Belorussian parliamentarians' Chernobyl package has several other documents.

#### **Yakutia Receives PRC Meat 'Infected by Plague'**

*LD2702014391 Moscow Central Television First Program Network in Russian 1200 GMT 26 Feb 91*

[INTERFAX report; from the "Television News Service" program—read by announcer Tatyana Mitkova]

[Text] A total of 60 tons of pork infected by plague was received from the PRC by the Yakutsk meat combine. The pork was rendered harmless, but specialists consider that there is a danger from the transport, packaging, and the people who had access to the meat. Altogether, thousands of tons of PRC meat are received in Yakutia.

## REGIONAL AFFAIRS

**EC Restricts Peruvian Food Imports Exports**

AU2103182491 Paris AFP in English 1901 GMT  
21 Mar 91

[Text] Brussels, March 21 (AFP)—European Community (EC) countries have stopped importing fruit, vegetables and seafoods from Peru because of a cholera epidemic raging there, the European Commission said here Thursday.

The commission, the EC's executive arm, said it had taken the step because of the "grave risk" posed by the epidemic.

Six EC countries—the Netherlands, France, Spain, Italy, Germany and Belgium—have already placed various restrictions on Peruvian exports. The new EC ban includes products made from fruits, vegetables and seafoods.

It excludes only fishmeal, dried fruits, products of high acidity or those accompanied by a certificate from the Peruvian health authorities guaranteeing that they have passed a rigorous inspection.

## TURKEY

**Adana Governor—Black Rain Poses No Danger at Present**

TA2702171091 Ankara ANATOLIA in English  
1615 GMT 27 Feb 91

[Text] Adana (A.A)—Black rain, which fell for more than 10 hours in southern Turkey on Monday caused no apparent damage to health or the environment, officials said on Tuesday.

The rain initially caused panic among local residents who feared it was caused by burning oil installations in Kuwait.

In a press meeting in Adana, Governor Recep Birsin Ozen said scientific studies showed there was no danger at present but investigations were continuing.

Scientists from the chemistry department and environmental research center at Adana's Cukurova University are presently carrying out observations.

Governor Ozen said they had found 39 mg of sulphur dioxide and 45 mg of smoke per cubic meter in the air in the province but that this was less than one fourth the short-term danger limit.

However he advised citizens not to use rain water and to wash vegetables and fruit thoroughly. Samples were also sent to Ankara for tests, he said. The black rain fell in southern Adana, Hatay, and Sanliurfa provinces for a period of around 10 hours, staining the hands and faces of people caught outside and turning their clothes black.